

EXHIBIT B

MassMutual Policy Contract

Massachusetts Mutual Life Insurance Company

It is our pleasure to issue this valuable policy.

INSURED LAURA HAGERTY

DATE OF ISSUE SEP 13, 2022

POLICY NUMBER 8581175

PRODUCT DISABILITY INCOME

∴MassMutual

Massachusetts Mutual Life Insurance Company

Home Office:
1295 State Street
Springfield, Massachusetts 01111-0001

Disability Income Insurance Policy

INSURED: LAURA HAGERTY

POLICY NUMBER: 8581175

POLICY DESCRIPTION.

This Disability Income Insurance Policy is participating.

This Policy is Non-Cancellable until the Policy Anniversary on or next following the Insured's 65th birthday. During that time, We cannot change the premiums shown in the Policy Specifications or cancel this Policy unless requested by You, and, as long as premiums are paid on time, We will continue Coverage. Thereafter, this Policy, exclusive of any terminated Riders, becomes Conditionally Renewable; premiums will be based on the Insured's Attained Age, and premium rates are subject to change.

READ THIS POLICY CAREFULLY. It is a legal contract between You and Us. In this Policy, the words "You" and "Your" refer to the Owner. The words "We," "Us," and "Our" refer to Massachusetts Mutual Life Insurance Company.

We provide benefits for a Disability arising from a Sickness or Injury that first appears (makes itself known) after the Coverage Date and while this Policy is In Force.

For service or information on this Policy, contact Our Home Office at 1295 State Street, Springfield, Massachusetts 01111-0001, or by telephone at 1-800-272-2216, or visit Our website at www.massmutual.com.

RIGHT TO EXAMINE POLICY.

If for any reason You decide not to keep this Policy, send it to Us within 30 days after receiving it. Send it to Our Home Office or to the agent who sold You this Policy. We will treat this Policy as though it had never been issued. We will refund to the premium payor any premium paid, including any policy fees.

Pre-Existing Condition limitations or exclusions and other limitations or exclusions may apply. Please read Your Policy carefully.

Signed for Massachusetts Mutual Life Insurance Company.

Sincerely yours,



PRESIDENT



SECRETARY

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POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured: LAURA HAGERTY
 Policy Owner: LAURA HAGERTY
 Recipient of Benefits: LAURA HAGERTY

Policy Date:	AUG 15, 2022	Policy Number:	8581175
Issue Date:	SEP 13, 2022	Attained Age on Policy Date and Gender:	29 FEMALE
Monthly Anniversary:	15TH DAY OF EACH MONTH	Annualized Modal Policy Fee:	\$50.04
Premium Structure:	GRADED^ AND LEVEL	Premium Mode:	MONTHLY

Policy Structure: NON-CANCELLABLE UNTIL AUG 15, 2058, CONDITIONALLY RENEWABLE UNTIL AGE 75.

Policy Year: AUG15 - AUG14

THE TELEPHONE NUMBER FOR THE MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES IS 1-877-999-6442.

COVERAGE AND PREMIUM SUMMARY

Annual Premiums shown below are for the Policy Year beginning in 2022; premiums for future Policy Years are shown in the ANNUAL PREMIUM SUMMARY section.

The premiums reflect a 25% Multi-Life discount associated with Your Policy.

<u>Coverage</u>	<u>Amount of Coverage</u>	<u>Annual Premium¹</u>	<u>Coverage End Date^{2,3}</u>
Total Disability Benefit	\$5,000	\$1,092.84	AUG 15, 2058
Automatic Benefit Increase	N/A	N/A	AUG 15, 2027
Catastrophic Disability	\$5,000	\$127.68	AUG 15, 2058
Cost of Living Adjustment ⁴	\$5,000	\$221.04	AUG 15, 2058
Extended Partial Disability ⁵	\$5,000	\$146.40	AUG 15, 2058
Future Insurability Option	\$15,000	\$302.88	AUG 15, 2053
Own Occupation ⁶	\$5,000	\$272.04	AUG 15, 2058
Student Loan Benefit	\$2,500	\$550.80	AUG 15, 2037
Annual Premium ¹ for All Amounts of Coverage(s)		\$2,713.68	
Modal Premium for All Amounts of Coverage(s)		\$226.14	

Note: This is a participating Policy it may be eligible for dividends. Dividends are not guaranteed. Dividends, if any, are not anticipated to be credited before the 5th Policy Anniversary. See the Dividends provision of Your Policy for details.

¹ The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge. In addition, the Annualized Modal Policy Fee is included in the Total Disability Benefit Annual Premium. See the PREMIUM PAYMENT OPTION section for more detail.

² The date Coverage will end unless otherwise stated in the Termination provision of Your Policy or the applicable rider.

³ Your Policy will become Conditionally Renewable after this date, and We will send new Policy Specifications.

COVERAGE AND PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

⁴ The Monthly Benefit amount shown for the Cost of Living Adjustment (COLA) Rider is the amount to which the COLA percentage is applied to eligible benefits described in the COLA Rider. In addition, the COLA Rider premium shown is the charge for providing the COLA benefit for the Total Disability Benefit. The charge for providing the COLA benefit for the following riders, if the riders are elected, is included in the premiums for those riders: Social Insurance Rider, Extended Partial Disability Benefits Rider, Catastrophic Disability Benefit Rider, and Own Occupation Rider.

⁵ The Extended Partial Disability Benefits Rider (EPR) premium shown above is the charge for providing the EPR benefit. The charge for providing the Short Term Disability Benefits Rider (STR) benefit under an Extended Partial definition of Disability is included in the premium for the STR.

⁶ The Own Occupation Rider premium shown above is the charge for providing the Own Occupation Rider benefit. The charge for providing the Student Loan Benefit under an Own Occupation definition of Disability is included in the premium for the Student Loan Rider.

[^] Under a Graded premium structure, premiums increase annually each year until the Insured's Attained Age 50; thereafter, premiums are Level. Any Coverage added after the original Coverage Date will be issued at Level premiums. You may convert to a Level premium structure prior to the Policy Anniversary on or next following the Insured's 40th birthday by contacting Us at Our Home Office.

POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022
Premium Structure:	GRADED AND LEVEL	Premium Mode:	MONTHLY

PREMIUM PAYMENT OPTIONS

The premium payment options below are based on the amount shown for Modal Premium for All Amounts of Coverage(s) shown in the COVERAGE AND PREMIUM SUMMARY section on page 1 of Your Policy Specifications. Contact Our Home Office at 1-800-272-2216 for premium payment option information for premiums shown in the ANNUAL PREMIUM SUMMARY section that follows.

Premium Frequency	Premium Payment (Including Installment Payment Charge)	Number of Payments Per Year	Total Premium Per Year	Additional Charge (In Dollars)	Additional Charge (As the Annual Percentage Rate or APR)
Annual	\$2,616.13	1	\$2,616.13	\$0.00	0.0%
Semi-Annual	\$1,359.39	2	\$2,718.78	\$102.65	16.3%
Quarterly	\$679.68	4	\$2,718.72	\$102.59	10.5%
Monthly	\$226.14	12	\$2,713.68	\$97.55	8.1%

You may pay premiums once a year (annually), twice a year (semiannually), four (4) times a year (quarterly) or twelve (12) times a year (monthly). You may pay premiums four (4) times a year (quarterly) or twelve (12) times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars and as annual percentage rates in the table above.

LIMITATIONS AND EXCLUSIONS

See the WHAT IS NOT COVERED section of Your Policy for limitations and exclusions.

POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022		
Issue Date:	SEP 13, 2022		
Premium Structure:	GRADED AND LEVEL	Premium Mode:	MONTHLY
Policy Year:	AUG15 - AUG14		

ANNUAL PREMIUM SUMMARY

The premiums reflect a 25% Multi-Life discount associated with Your Policy.

Premiums shown in this ANNUAL PREMIUM SUMMARY section are annualized modal premiums. Premium modes other than annual include an additional charge. In addition, the Annualized Modal Policy Fee is included in the Total Disability Benefit Annual Premium. See the PREMIUM PAYMENT OPTION section for more detail.

TOTAL DISABILITY BENEFIT: \$5,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$1,153.92
2024	\$1,227.12
2025	\$1,305.72
2026	\$1,390.20
2027	\$1,485.96
2028	\$1,594.92
2029	\$1,731.96
2030	\$1,876.80
2031	\$2,025.84
2032	\$2,180.04
2033	\$2,330.64
2034	\$2,473.92
2035	\$2,625.36
2036	\$2,781.00
2037	\$2,940.24
2038	\$3,062.40
2039	\$3,213.84
2040	\$3,300.72
2041	\$3,455.64
2042	\$3,601.56
2043	\$3,732.00
2044	\$3,732.00
2045	\$3,732.00
2046	\$3,732.00
2047	\$3,732.00
2048	\$3,732.00
2049	\$3,732.00
2050	\$3,732.00
2051	\$3,732.00
2052	\$3,732.00
2053	\$3,732.00
2054	\$3,732.00
2055	\$3,732.00
2056	\$3,732.00
2057	\$3,732.00

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

CATASTROPHIC DISABILITY:

\$5,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$127.68
2024	\$127.68
2025	\$127.68
2026	\$127.68
2027	\$135.48
2028	\$144.36
2029	\$155.76
2030	\$167.40
2031	\$179.88
2032	\$192.24
2033	\$204.00
2034	\$218.40
2035	\$233.16
2036	\$249.12
2037	\$264.36
2038	\$276.72
2039	\$294.72
2040	\$311.04
2041	\$328.56
2042	\$345.60
2043	\$360.84
2044	\$360.84
2045	\$360.84
2046	\$360.84
2047	\$360.84
2048	\$360.84
2049	\$360.84
2050	\$360.84
2051	\$360.84
2052	\$360.84
2053	\$360.84
2054	\$360.84
2055	\$360.84
2056	\$360.84
2057	\$360.84

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

COST OF LIVING ADJUSTMENT:

\$5,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$238.56
2024	\$261.24
2025	\$284.88
2026	\$313.68
2027	\$343.32
2028	\$373.68
2029	\$403.68
2030	\$431.28
2031	\$452.28
2032	\$470.64
2033	\$481.08
2034	\$494.40
2035	\$471.36
2036	\$448.08
2037	\$421.92
2038	\$391.56
2039	\$376.44
2040	\$370.56
2041	\$364.32
2042	\$358.92
2043	\$349.92
2044	\$349.92
2045	\$349.92
2046	\$349.92
2047	\$349.92
2048	\$349.92
2049	\$349.92
2050	\$349.92
2051	\$349.92
2052	\$349.92
2053	\$349.92
2054	\$349.92
2055	\$349.92
2056	\$349.92
2057	\$349.92

Note: The Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

EXTENDED PARTIAL DISABILITY: \$5,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$153.72
2024	\$160.80
2025	\$168.60
2026	\$176.76
2027	\$186.48
2028	\$197.76
2029	\$221.04
2030	\$245.64
2031	\$271.68
2032	\$298.20
2033	\$323.88
2034	\$361.20
2035	\$400.56
2036	\$441.00
2037	\$482.64
2038	\$518.04
2039	\$534.00
2040	\$546.48
2041	\$562.44
2042	\$576.84
2043	\$588.12
2044	\$588.12
2045	\$588.12
2046	\$588.12
2047	\$588.12
2048	\$588.12
2049	\$588.12
2050	\$588.12
2051	\$588.12
2052	\$588.12
2053	\$588.12
2054	\$588.12
2055	\$588.12
2056	\$588.12
2057	\$588.12

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

FUTURE INSURABILITY OPTION:

\$15,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$321.12
2024	\$343.08
2025	\$366.48
2026	\$392.28
2027	\$421.08
2028	\$453.12
2029	\$493.92
2030	\$536.04
2031	\$578.28
2032	\$621.24
2033	\$661.68
2034	\$703.56
2035	\$741.00
2036	\$779.64
2037	\$818.52
2038	\$847.20
2039	\$880.68
2040	\$902.76
2041	\$938.40
2042	\$972.00
2043	\$1,000.68
2044	\$1,000.68
2045	\$1,000.68
2046	\$1,000.68
2047	\$1,000.68
2048	\$1,000.68
2049	\$1,000.68
2050	\$1,000.68
2051	\$1,000.68
2052	\$1,000.68

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

OWN OCCUPATION:

\$5,000.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$288.00
2024	\$306.72
2025	\$326.64
2026	\$348.72
2027	\$373.32
2028	\$400.92
2029	\$437.16
2030	\$474.12
2031	\$513.00
2032	\$552.36
2033	\$590.52
2034	\$629.04
2035	\$669.48
2036	\$711.12
2037	\$752.40
2038	\$784.32
2039	\$818.64
2040	\$847.44
2041	\$880.92
2042	\$912.36
2043	\$939.60
2044	\$939.60
2045	\$939.60
2046	\$939.60
2047	\$939.60
2048	\$939.60
2049	\$939.60
2050	\$939.60
2051	\$939.60
2052	\$939.60
2053	\$939.60
2054	\$939.60
2055	\$939.60
2056	\$939.60
2057	\$939.60

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

STUDENT LOAN BENEFIT:

\$2,500.00 Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
2023	\$550.80
2024	\$550.80
2025	\$550.80
2026	\$550.80
2027	\$550.80
2028	\$550.80
2029	\$550.80
2030	\$550.80
2031	\$550.80
2032	\$550.80
2033	\$550.80
2034	\$550.80
2035	\$550.80
2036	\$550.80

ANNUAL PREMIUM SUMMARY (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

TOTAL ANNUAL PREMIUM FOR ALL DISABILITY COVERAGE(S):

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>	<u>Total Modal Premium</u>
2023	\$2,833.80	\$236.15
2024	\$2,977.44	\$248.12
2025	\$3,130.80	\$260.90
2026	\$3,300.12	\$275.01
2027	\$3,496.44	\$291.37
2028	\$3,715.56	\$309.63
2029	\$3,994.32	\$332.86
2030	\$4,282.08	\$356.84
2031	\$4,571.76	\$380.98
2032	\$4,865.52	\$405.46
2033	\$5,142.60	\$428.55
2034	\$5,431.32	\$452.61
2035	\$5,691.72	\$474.31
2036	\$5,960.76	\$496.73
2037	\$5,680.08	\$473.34
2038	\$5,880.24	\$490.02
2039	\$6,118.32	\$509.86
2040	\$6,279.00	\$523.25
2041	\$6,530.28	\$544.19
2042	\$6,767.28	\$563.94
2043	\$6,971.16	\$580.93
2044	\$6,971.16	\$580.93
2045	\$6,971.16	\$580.93
2046	\$6,971.16	\$580.93
2047	\$6,971.16	\$580.93
2048	\$6,971.16	\$580.93
2049	\$6,971.16	\$580.93
2050	\$6,971.16	\$580.93
2051	\$6,971.16	\$580.93
2052	\$6,971.16	\$580.93
2053	\$5,970.48	\$497.54
2054	\$5,970.48	\$497.54
2055	\$5,970.48	\$497.54
2056	\$5,970.48	\$497.54
2057	\$5,970.48	\$497.54

POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022
Premium Structure:	GRADED AND LEVEL	Premium Mode:	MONTHLY

COVERAGE DETAIL

COVERAGE(S) WITH GRADED PREMIUM

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
Policy Coverage(s)						
AUG 15, 2022	Total Disability	\$5,000	90 DAYS	TO AGE 67	3P	Standard/ nonTobacco
Rider Coverage(s)						
AUG 15, 2022	Automatic Benefit Increase	N/A	N/A	N/A	3P	Standard/ nonTobacco
AUG 15, 2022	Catastrophic Disability	\$5,000	90 DAYS	TO AGE 67	3P	Standard/ nonTobacco
AUG 15, 2022	Cost of Living Adjustment ⁷	\$5,000	365 DAYS	TO AGE 67	3P	Standard/ nonTobacco
AUG 15, 2022	Extended Partial Disability	\$5,000	90 DAYS	TO AGE 67	3P	Standard/ nonTobacco
AUG 15, 2022	Future Insurability Option		N/A	N/A	3P	Standard/ nonTobacco
	- Total Available Pool	\$15,000				
	- Option Date	Aug 15th				
AUG 15, 2022	Own Occupation ⁸	\$5,000	90 DAYS	TO AGE 67	3P	Standard/ nonTobacco

POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022
Premium Structure:	GRADED AND LEVEL	Premium Mode:	MONTHLY

COVERAGE DETAIL

COVERAGE(S) WITH LEVEL PREMIUM

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
AUG 15, 2022	Student Loan 15-Year Coverage Term	N/A	90 DAYS	N/A	3P	Standard/nonTobacco
	- Maximum Monthly Benefit	\$2,500				

⁷ If the Cost of Living Adjustment Rider is In Force on Your Policy, the Monthly Benefit amount shown is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.

⁸ If the Extended Partial Disability Benefits Rider is In Force on Your Policy, see the Own Occupation Rider for a detailed explanation of how We will coordinate Monthly Benefits between the Own Occupation Rider and Extended Partial Disability Benefits Rider.

COVERAGE DETAIL (continued for)

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Issue Date:	SEP 13, 2022

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:
If a Disability begins:

Before Age 64	To Age 67
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

POLICY SPECIFICATIONS DISABILITY INCOME POLICY

Insured:	LAURA HAGERTY	Policy Number:	8581175
Policy Date:	AUG 15, 2022	Premium Mode:	MONTHLY
Issue Date:	SEP 13, 2022		
Premium Structure:	LEVEL*		

AUTOMATIC BENEFIT INCREASE RIDER

You have elected the Automatic Benefit Increase Rider. The Automatic Benefit Increase Rider will automatically increase Coverage(s) on each of the next five (5) Policy Anniversaries as shown below. If all increases become Effective, the premium and Monthly Benefit for each Coverage will increase as follows:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Policy Coverage(s)					
Total Disability Increase	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
New Total Disability	\$5,150.00	\$5,300.00	\$5,450.00	\$5,600.00	\$5,750.00
Rider Coverage(s)					
Cost of Living Adjustment Increase	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
New Cost of Living Adjustment	\$5,150.00	\$5,300.00	\$5,450.00	\$5,600.00	\$5,750.00
Extended Partial Disability Increase	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
New Extended Partial Disability	\$5,150.00	\$5,300.00	\$5,450.00	\$5,600.00	\$5,750.00
Own Occupation Increase	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
New Own Occupation	\$5,150.00	\$5,300.00	\$5,450.00	\$5,600.00	\$5,750.00
Modal Premium Increase for All Amounts of Coverage(s)	\$7.01	\$7.32	\$7.63	\$7.93	\$8.23
Annual Premium Increase** for All Amounts of Coverage(s)	\$84.12	\$87.84	\$91.56	\$95.16	\$98.76

* The premium structure for each Coverage increase will be Level, regardless of premium structure on current Coverage.

** The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge.

DEFINITIONS

ACTIVELY AT WORK -- The Insured must be continuously at work for 30 hours or more per week performing the duties of his/her occupation in the usual and customary manner without limitation (for example, reduced work hours or days, or job restrictions or modifications) due to Sickness or Injury.

AGE -- The age of the Insured on the anniversary of the Insured's birthday.

ATTAINED AGE -- The age of the Insured on his/her nearest birthday.

CONDITIONALLY RENEWABLE -- This Policy is renewable based on certain conditions as described in the Conditional Renewability provision.

COVERAGE(S) -- The benefits available under the terms of this Policy, including but not limited to any riders.

COVERAGE DATE(S) -- The date used to calculate the amount of the premium due and the date each Coverage begins provided that Coverage is Effective. Coverage Date(s) are shown in the Policy Specifications.

DISABILITY, DISABILITIES, OR DISABLED -- The onset of a Total Disability while this Policy is In Force. If the Extended Partial Disability Benefits Rider or Group Supplement Disability Benefits Rider are In Force, this also includes the onset of a Partial Disability while this Policy is In Force.

DOCTOR -- A person who is legally licensed to practice medicine or psychology and acting within the scope of his or her license, or a health care practitioner who is legally licensed, and is acting within the scope of his or her license, to treat an Injury or Sickness causing Disability. A Doctor cannot be the Insured or Owner, or the Insured's or Owner's parent, sibling, child, spouse or partner in a civil union or domestic partnership.

DOCTOR'S CARE -- The Insured is receiving regular and personal care by a Doctor that, under prevailing medical standards, is appropriate for the condition causing the Disability. If the Disability is due to a Mental Disorder, the Doctor must be a person who is a licensed psychiatrist or a licensed doctoral-level psychologist. We will waive this requirement if We receive written proof acceptable to Us that further Doctor's Care is no longer of benefit to the Insured.

EFFECTIVE -- Unless otherwise specified in this Policy, the Policy/Coverage(s) become Effective provided that the application for the Policy/Coverage(s) is approved, the Policy or other applicable Policy forms (i.e., Policy Specifications) are delivered, the initial premium for the Policy/Coverage(s) applied for is paid, and the answers on the application are true and complete as if made at the time of delivery. If the initial premium for the Policy/Coverage(s) was accepted by Us at the time of application and We approve the Policy/Coverage(s) at standard rates exactly as applied for, then the Policy/Coverage(s) become effective when We approve the application for that Policy/Coverage. Coverage(s) remain Effective provided premium for the Coverage(s) are paid when due (or waived because of the Insured's Disability) and the Policy is In Force.

GRACE PERIOD -- The 31-day period following the date a premium is due. This Policy remains In Force during this period.

HOME OFFICE -- Our office at 1295 State Street, Springfield, Massachusetts 01111-0001.

IN FORCE -- The status of this Policy once Coverage(s) become Effective and prior to termination. It also continues In Force if premiums are waived because of the Insured's Disability. This Policy is not In Force during a period of suspension as described in the Suspension Of Policy While In Military or Suspension Of Policy For Unemployment provisions.

INCOME -- The salary, wages, draw, commissions, and bonuses of the Insured from any profession(s) or business(es). If the Insured's vocation involves ownership of any portion of any business, including any corporation, Income includes his/her share of the net profit or loss of the business due to such ownership and contributions to a pension and/or profit sharing plan made by the business on behalf of the Insured. The amounts included are as reported for Federal Income Tax purposes. Income does not include Unearned Income as defined below.

INJURY -- An accidental bodily injury to the Insured that occurs while this Policy is In Force and is not contributed to by Sickness. Disability must start within one year of the Injury, otherwise the condition shall be considered a Sickness.

INSURED -- The person insured under this Policy as shown in the Policy Specifications.

ISSUE DATE -- The date that this Policy, and any Policy Specifications, amendments, statements, and endorsements are printed. Subsequent Policy Specifications carry their own Issue Dates.

LOSS OF INCOME -- Refer to the definitions in the Extended Partial Disability Benefits Rider or Group Supplement Disability Benefits Rider if You have one or both of these riders In Force. The Disability must begin while this Policy is In Force.

MAXIMUM BENEFIT PERIOD -- The maximum length of time We will pay Monthly Benefits for a Disability. The Maximum Benefit Period is shown in the Policy Specifications. We will not pay Monthly Benefits for a Disability for longer than the Maximum Benefit Period because of a change in the type of Coverage being paid. The Maximum Benefit Period is 24 months for each period of Disability caused or contributed to by a Mental Disorder.

MENTAL DISORDER -- Any disorder (except dementia resulting from stroke, trauma, infections or degenerative disease such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the date of Disability. Mental Disorder includes, but is not limited to a mental, emotional, or behavioral disorder, or a disorder related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Disorder will include those disorders classified in the diagnostic manual then in use by the American Psychiatric Association as of the date of Disability.

MONTHLY BENEFIT(S) -- The amount paid as a Monthly Benefit under the terms of this Policy. This amount is stated in the Policy Specifications.

NON-CANCELLABLE -- As long as the premiums are paid on time, We will continue Coverage through the day prior to the Policy Anniversary on or next following the Insured's 65th birthday.

OCCUPATION -- The Insured's regular profession(s) or business(es) at the start of Disability for which the Insured receives or can receive remuneration.

OWNER -- The person or entity, as shown in Our records, who has the exclusive right to exercise all rights and privileges under this Policy. The Insured is the Owner unless there is an Owner designation different from the Insured, with a proper insurable interest. If the Owner dies, the new Owner will be his/her executor or administrator. The Owner may be changed by Your Written Request. Unless otherwise specified in the Written Request, a change of ownership will take effect on the date the Written Request is signed subject to any payments made or actions taken by Us prior to receiving notice of the change of ownership.

PARTIAL DISABILITY -- Refer to the definitions in the Extended Partial Disability Benefits Rider or Group Supplement Disability Benefits Rider if You have one or both of these riders In Force. The Disability must begin while this Policy is In Force.

POLICY -- The legal contract between You and Us. The entire contract consists of this Policy, the application(s) and any supplement(s), as well as any riders, endorsements, amendments, or exclusions that may be attached.

POLICY DATE -- The date used to determine the premium due date, Policy Anniversary and Policy Year.

POLICY YEAR, POLICY ANNIVERSARY, POLICY MONTH, MONTHLY ANNIVERSARY -- These dates are computed from the Policy Date shown in the Policy Specifications. The first Policy Year begins on the Policy Date. The first Policy Anniversary is the Policy Date plus one (1) year. The Policy Month begins on the same date in each calendar month as the Policy Date. The Monthly Anniversary is the same date in each succeeding month as the Policy Date.

PRE-EXISTING CONDITION -- A condition for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 12-month period immediately prior to the Coverage Date(s), or for which medical advice or treatment was recommended by a Doctor or received from a Doctor within a 24-month period prior to the Coverage Date(s).

PRESUMPTIVE TOTAL DISABILITY -- The Insured is considered to have a Presumptive Total Disability even if he/she is able to work if certain conditions exist. These conditions are any of those listed below that begin while this Policy is In Force and are caused by Sickness or Injury:

- complete loss of speech;
- complete loss of hearing in both ears;
- complete loss of sight in both eyes; or
- complete loss of use of both hands, or both feet, or one hand and one foot.

PROOF OF GOOD HEALTH -- Proof satisfactory to Us which We receive that the Insured's health is acceptable according to Our standards.

PROOF OF INSURABILITY -- Proof satisfactory to Us that We receive that the Insured is an acceptable risk, according to Our standards. It includes Proof of Good Health and other information such as, but not limited to, the Insured's Age, Occupation, Income, Unearned Income, and other disability income insurance benefits In Force or applied for by the Insured.

PUBLISHED UNDERWRITING LIMITS -- The maximum amounts available based on the Insured's Attained Age, Occupation, Income, Unearned Income, and other disability income insurance benefits In Force or applied for by the Insured.

RECIPIENT OF BENEFITS -- The person or entity, as shown in Our records, designated to receive Monthly Benefits available under the terms of this Policy. If no person or entity has been designated, the Recipient of Benefits will be the Insured. The Recipient of Benefits may be changed by Your Written Request.

REHABILITATION PROGRAM -- A formal program designed to help the Disabled Insured return to his/her Occupation or any gainful employment for which he/she is fitted by reason of education, training or experience. It includes, but is not limited to, programs operated by the Federal or State government, those at a licensed vocational school, business school or accredited college.

SICKNESS -- An illness or disease that appears (makes itself known) while this Policy is In Force subject to the Limitation Of Pre-Existing Conditions For Coverage provision. Sickness also includes:

- the transplant of a part of the Insured's body to another person that occurs after the Coverage Date(s); or
- complications of pregnancy or childbirth as diagnosed by the Insured's Doctor.

TOTAL DISABILITY OR TOTALLY DISABLED -- The occurrence of a condition caused by a Sickness or Injury, in which the Insured cannot perform the main duties of his/her Occupation and the Insured is not working at any occupation. The Insured must be under a Doctor's Care. The Disability must begin while this Policy is In Force.

UNEARNED INCOME -- Unearned Income includes:

- investment income, including, but not limited to, interest, dividends and capital gains;
- rent;
- royalties;
- deferred compensation payments from plans executed more than 30 days prior to Disability;
- retirement income;
- other disability income insurance benefits In Force or applied for by the Insured; or
- benefits from a formal sick pay plan.

WAITING PERIOD -- The period immediately following the start of Disability during which benefits do not accrue. Disability must continue to the end of the Waiting Period, shown in the Policy Specifications, before any benefits may be payable. The Waiting Period may be completed on an intermittent basis subject to the Recurring Disability provision.

WE, OUR, US, COMPANY -- Massachusetts Mutual Life Insurance Company.

WRITTEN REQUEST -- A request in writing in a form satisfactory to Us and received at Our Home Office.

YOU, YOUR -- The Owner.

DISABILITY BENEFITS

In order for Disability benefits to be paid, the Insured must be Disabled throughout the full Waiting Period, unless such Disability is considered a complete and irrecoverable Presumptive Total Disability. No benefits are accrued during the Waiting Period. The Waiting Period and the Maximum Benefit Period are shown in the Policy Specifications.

The benefit will not be larger if the Insured is Disabled from more than one cause, nor will the Maximum Benefit Period be extended. We will continue to pay benefits while the Insured is Disabled, up to the Maximum Benefit Period.

Total Disability Benefit

We will pay the Total Disability Monthly Benefit shown in the Policy Specifications if the Insured is Totally Disabled.

Presumptive Total Disability Benefit

We will consider the Insured to be Totally Disabled and eligible for benefits under the Total Disability Benefit provision as long as the Presumptive Total Disability begins and continues while this Policy is In Force and the Insured is under a Doctor's Care. Benefits will start to accrue after the Waiting Period for Total Disability.

If the Presumptive Total Disability is complete and irrecoverable as of the onset of Disability, We will waive:

- the required Waiting Period; and

- the requirement that the Insured be under a Doctor's Care.

Recurring Disability

For Disability Benefits with a Maximum Benefit Period to Age 65 or to Age 67 or to Age 70, a Recurring Disability is a related Disability that starts less than 12 months after a period of Disability ends.

For Disability Benefits with any other Maximum Benefit Period, a Recurring Disability is a related Disability that starts less than 6 months after a period of Disability ends.

We will treat a Recurring Disability as a continuation of the prior Disability.

A Recurring Disability does not receive a new Maximum Benefit Period. Periods of Recurring Disability will be accumulated under the same Maximum Benefit Period. Benefits will be paid only up to the balance of the original Maximum Benefit Period.

If the Waiting Period has been satisfied, no new Waiting Period is required. If the Waiting Period has not been satisfied, periods of Recurring Disability will be accumulated to satisfy the Waiting Period.

OTHER BENEFITS

Rehabilitation Benefit

Prior to this Policy becoming Conditionally Renewable, We will consider participation in a Rehabilitation Program. Participation in a Rehabilitation Program is voluntary. Our role in the Rehabilitation Program will be determined by Our written agreement with the Owner. Any benefits provided by this Policy during the Rehabilitation Program will be set by the terms of the agreement, which include but are not limited to:

- Our approval of the Rehabilitation Program in writing before the Insured begins to participate in it. Our approval will be based on the nature and extent of the Disability and the cost and appropriateness of the Rehabilitation Program;
- Disability benefits are currently being paid;
- We have not disapproved the Rehabilitation Program based on Our periodic review; and
- Rehabilitation Program expenses are not defined as covered expenses by another insurer or not actually paid by another source.

We will periodically review the Insured's Rehabilitation Program. Our continued approval will be based on the nature and extent of the Disability at the time of review, along with the cost and appropriateness of the Rehabilitation Program.

Waiver Of Premium Benefit

After the Insured has been Disabled for 90 days and while the Insured remains Disabled, We will waive payment of premiums for any Coverage(s) for which the Insured is eligible to receive benefits due to the Disability until the later of:

- the end of the Maximum Benefit Period; or
- the Policy Anniversary on or next following the Insured's 65th birthday.

For the eligible Coverage(s), the premiums that will be waived are those which:

- were due during the 90-day period before the Insured qualified for the Waiver Of Premium Benefit; and

- becomes due after the Insured has been Disabled for 90 days.

If any of these premiums have been paid to Us, they will be refunded to the premium payor when the Waiver Of Premium Benefit is allowed. We will waive premiums for the eligible Coverage(s) based on the premium mode in effect when the Insured becomes Disabled.

After the period of Disability ends and if this Policy has not terminated in accordance with the Termination provision, You must resume premium payment on the next premium due date in order to keep this Policy In Force.

Dividends

This Policy is participating, which means that while this Policy is In Force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We may apportion at the end of each Policy Year. If payable, they will automatically be paid to the premium payor in cash. If payable, they will also be paid in cash while premiums for this Policy are being waived in accordance with the Waiver Of Premium Benefit provision.

PREMIUM PROVISIONS

Premium Payment

The initial premium is due on or before the date this Policy is Effective. Your premium mode is shown in the Policy Specifications. You may request a change in the premium mode at any time, subject to Our approval. However, We will not permit a change in premium mode during any period in which the Insured is Disabled. The change in premium mode will take effect on the next applicable premium due date. Your modal premium may vary depending on the frequency elected.

Grace Period

Each premium after the first must be paid within 31 days after the due date to keep this Policy In Force. This is the Grace Period. This Policy will stay In Force during the Grace Period.

CLAIMS

Notice Of Claim

A written notice describing the Insured's Disability should be sent to Our Home Office. Send it within 20 days after the Disability occurs or as soon as is reasonably possible. Any delay in giving notice will not affect the right to any benefits for the 6 months before the date the notice was given.

Claim Forms

After We receive notification of the Insured's Disability, We will send the appropriate claim forms. If the claim forms are not received within 15 days after the original Disability notification, write Us a letter of claim. The letter of claim should state the cause of the Disability and the Insured's present situation.

Proof Of Disability Requirements

In order for Us to pay benefits, We must receive, within 90 days after each Monthly Benefit claimed, proof of Disability; and proof of any Loss of Income, if applicable; and any other proof required to substantiate the claim.

If it is not possible to send proof within 90 days, send it as soon as is reasonably possible. Your claim will not be reduced because of the delay, but We will not accept proof of loss later than 12 months after it was due. We will make an exception if You were not then competent to make the claim.

Proof of continuing Disability must be furnished monthly or at intervals as We may require.

From time to time We may also require satisfactory proof of the Insured's Income before and during the Disability. This proof may include, but is not limited to, copies of the Insured's W-2 form(s) and/or income tax returns.

We may also examine the financial records of the Insured. If the Insured owns any portion of any profession or business, including any corporation, We may also examine the financial records of that profession, business or corporation. This will be done as often as is reasonably necessary during the Disability. Examinations will be done by Us or a financial examiner We choose. We will pay for any examination We may require. If the Insured does not make a reasonable effort to submit to such examinations, We may not pay benefits.

At reasonable intervals, We may require the Insured to be examined by Doctors We choose. We will pay for any examination We may require. If the Insured fails to submit to such examination, We may not pay benefits.

Duty To Cooperate

The Insured has the duty to cooperate with Us concerning all claim matters relating to this Policy. This cooperation includes, but is not limited to:

- submitting all required forms and other documentation according to the provisions of this Policy; and
- securing appropriate medical treatment for the condition(s) upon which the Insured's claim for benefits under this Policy is based.

Payment Of Claim

One month after the Waiting Period ends and all Proof Of Disability Requirements have been provided and the claim has been approved by Us, We will make the first Disability benefit payment. The future payments are due on the same date of each month thereafter, subject to Our receipt of proof of continued Disability. We will continue to pay in accordance with all Policy provisions and attachments, while the Insured is Disabled, only up to the Maximum Benefit Period. If the Insured is not Disabled for an entire month during which a Disability benefit is claimed, We will only pay 1/30th of the Monthly Benefit for each day of Disability. Any balance remaining unpaid upon termination of the liability of the Company shall be paid immediately upon receipt of Proof Of Disability Requirements. Monthly Benefit payments for any one period of Disability will not be made for longer than the Maximum Benefit Period. We may choose to pay benefits more frequently than monthly.

If a claim is paid more than 30 days after We receive satisfactory Proof Of Disability Requirements, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory Proof Of Disability Requirements and ending on the day the claim is paid.

Claim Determination Appeals

You have the right to appeal any claim determination by contacting Us in writing at Our Home Office. A representative will be available to assist You with this appeal process.

Whom We Will Pay

Monthly Benefits will be paid to the Recipient of Benefits. If the Recipient of Benefits is not competent to

provide a valid release, or if any benefits are payable to the Recipient of Benefits' estate, We may pay up to a total of \$5000 to any relative by blood or connection by marriage, civil union, or registered domestic partner of the Recipient of Benefits who is deemed by the Company to be equitably entitled thereto. If We make such payment in good faith, We will not be liable to anyone for the amount We pay.

Our cancelled check will be proof that We have no further liability for that payment.

WHAT IS NOT COVERED

Exclusions

This Policy does not provide any benefit for any Disability:

- during a period of legal incarceration in a penal or correctional institution of more than 7 days or during a period of legal detainment of more than 7 days. Also, this time does not apply for completion of the Waiting Period.
- sustained during declared war or undeclared war or act of war.
- caused or contributed to by normal pregnancy or childbirth.
- sustained during participation in a riot or insurrection.
- resulting from active duty in the armed forces of any nation or international governmental authority or units auxiliary thereto or the National Guard or similar government organizations.
- caused by any intentionally, self-inflicted Injury.
- sustained during the Insured's commission of, or attempt to commit, a felony under local, state or federal law, or while engaged in an illegal occupation.
- that results from, or is contributed to, by a disease, disorder or physical condition that was excluded as a result of the underwriting process by name or specific description.

Mental Disorder Limitation

The Maximum Benefit Period is 24 months for each period of Disability caused, or contributed to, by a Mental Disorder. However, We will pay benefits, subject to the Maximum Benefit Period shown in the Policy Specifications, as long as You are confined in a Hospital for the treatment of a Mental Disorder, and under a Doctor's Care.

Hospital means an institution legally operating as a hospital which:

- (1) is engaged in providing in-patient medical care for diagnosis and treatment of Mental Disorders;
- (2) is supervised by a staff of Doctors on the premises; and
- (3) provides on the premises 24-hour nursing care by registered nurses.

Hospital will not include any institution which:

- (1) is run mainly as a rest, nursing or convalescent home; or
- (2) is mainly for the care of the aged.

Limitation Of Pre-Existing Conditions For Coverage

We will not provide benefits under any Coverage (which requires Proof of Good Health to purchase) for a Disability that begins before the Coverage(s) has been In Force for 24 months and is caused or contributed to by, or resulting from, a Pre-Existing Condition, unless:

- the Pre-Existing Condition was fully and accurately described in the application for Coverage; or

- We have not specifically excluded the Pre-Existing Condition by name or specific description.

In accordance with other Policy provisions and except as described in the Suspension Of Policy While In Military, Suspension Of Policy For Unemployment, and Reinstatement provisions, We will provide benefits under any Coverage (which requires Proof of Good Health to purchase) for a Disability that begins after that Coverage has been In Force for more than 24 months and is caused or contributed to by, or resulting from a disease, disorder or physical condition that existed before that Coverage began, unless excluded by name or specific description in the Time Limit On Certain Defenses provision.

GENERAL RULES

The Contract

The Policy, including any riders, endorsements, amendments or exclusions that may be attached, and the application, including subsequently approved applications and revised Policy Specifications, constitute the entire contract. A copy of the initial application and any supplement(s) is attached to and made a part of this Policy. Subsequent applications and any supplement(s) which are approved will be sent to You with revised Policy Specifications for attachment to this Policy.

This contract is made in consideration of the application(s) and the payment of premiums as provided in this Policy.

Our agents cannot alter or modify any terms of this Policy. They cannot waive any of its provisions. An authorized officer of the Company must approve any change to the provisions of this Policy. If the change restricts any Coverage(s), the change request must be signed by You. All changes must be sent to You for attachment to this Policy.

Conditional Renewability

This Policy becomes Conditionally Renewable on the Policy Anniversary on or following the Insured's 65th birthday if the Insured is not Disabled and is Actively At Work, and will remain Conditionally Renewable until the Policy Anniversary on or next following the Insured's 75th birthday. New Policy Specifications will be sent to You for attachment to this Policy when this Policy becomes Conditionally Renewable.

The conditions for ongoing renewal are that the Insured is not Disabled and is Actively At Work. We may ask for proof that the Insured is not Disabled and is Actively At Work to continue Your Policy.

Premiums are based on the Insured's Attained Age and are shown in the Policy Specifications. Rates may change at any time when this Policy is Conditionally Renewable. If rates change, new Policy Specifications will be sent to You for attachment to this Policy.

This Policy will terminate in accordance with the Termination provision.

Right To Apply For Additional Coverage

Unless otherwise restricted in a rider attached to this Policy, You may apply for additional Coverage at any time while this Policy is In Force and the Insured is not Disabled. We will require a new application, Proof of Insurability, and proof of the nature of the Insured's Occupation. The additional Coverage will begin on the Coverage Date for that Coverage (shown in the Policy Specifications) provided it is Effective.

In order to apply for additional benefits under the Insured's existing Policy, the Insured must qualify for a

minimum of \$100 of additional Monthly Benefit on the basis of Our Published Underwriting Limits.

The maximum additional benefits You can buy are based on Our Published Underwriting Limits at the time You apply for additional benefits.

The premiums for the additional Coverage will be based on the table of premiums rates We are using for new insurance on the date each additional benefit becomes Effective. We will base the premium on the amount and type of Coverage purchased and the Insured's Age and risk class on the date of application for the additional Coverage.

Policy Specifications

The initial Policy Specifications are attached to this Policy at issue. We will send to You, for attachment to this Policy, any new Policy Specifications resulting from:

- (1) any approved changes in Coverage(s);
- (2) a change in the Waiting Periods or Maximum Benefit Periods;
- (3) reinstatement of this Policy; or
- (4) a change in the premium rates if different from the rates shown in the Policy Specifications.

Assigning Or Transferring This Policy

With the exception of the payment of Dividends, any interest or benefits in this Policy may be assigned or transferred by Written Request from You. Dividends may be assigned or transferred by Written Request from the premium payor.

The full terms of the assignment or transfer must be provided to Us. Unless otherwise specified in the Written Request, an assignment or transfer will take effect on the date the assignment is signed subject to any payments made or actions taken by Us prior to receiving notice for assignment or transfer. If We do not receive a Written Request, We will not make the change. In any case, We are not responsible for the validity or tax consequences of any assignment or transfer.

Time Limit On Certain Defenses

After 24 months from the date any Coverage becomes Effective under this Policy, only fraudulent misstatements in the application may be used to void that Coverage or to deny or reduce a claim for a Disability that starts after the 24-month period. However, during the 24-month period, We may void that Coverage(s) if You made any material misrepresentation(s) in Your application(s).

No claim for Disability that starts 24 months after the date this Policy or additional Coverage (which requires Proof of Good Health to purchase) becomes Effective will be denied or reduced because of a disease or physical condition that existed before Coverage began unless We have specifically excluded the condition from Coverage(s) by name or specific description.

No claim for Disability caused by a disease or physical condition fully and accurately described in the application will be denied or reduced on the basis that the condition existed before Coverage(s) began unless We have specifically excluded the condition from Coverage(s) by name or specific description.

Fraud

In the event this Policy and any rider, benefit, or reinstatement are procured by fraud or a claim is made with the intent to defraud, this Policy is void. This provision shall control over all other Policy provisions.

Legal Action Against Us

Legal action to recover benefits under this Policy may not be started for at least 60 days after written Proof Of Disability Requirements was sent to Us. Also, legal action may not be started later than three (3) years after this Policy requires written Proof Of Disability Requirements to be submitted.

Misstatement Of Age Or Tobacco Use Status

If the Insured's birthdate or tobacco use status is misstated on the application, all amounts payable under this Policy shall be amounts as the premium paid would have purchased at the correct Attained Age or tobacco use status.

We may terminate this Policy or reduce any Coverage(s), and refund to the premium payor any associated premiums if the correct Attained Age at the time of issue is outside the issue Age ranges of this Policy or Our Published Underwriting Limits.

Suspension Of Policy While In Military

You may suspend this Policy if the Insured enters active military service of any country or international authority or is in a reserve component of the armed forces of the United States, including the National Guard. To request a suspension of this Policy, You must send Us Your Written Request providing information that the Insured is eligible for the suspension. If the Insured is eligible We will suspend this Policy from the date of receipt of Your Written Request for suspension (or a later date if requested by You) and refund to the premium payor any unearned premiums for the period of suspension. This suspension does not apply to active duty for training which is scheduled to last 90 days or less.

During any period of suspension:

- this Policy will not be In Force;
- no Monthly Benefits, Waiver of Premium, or any other Policy benefit will be available;
- payment of premiums will not be required; and
- no dividends, if any, will be payable.

If the Insured is released from active duty within 5 years from the date the Insured entered active military service, You may restore this Policy. Send Us Your Written Request within 90 days of the Insured's release from active duty and pay the required premium due. We will not require Proof of Insurability. The premium rate will be the same as if this Policy had not been suspended. The restoration will be Effective as of the date of termination of active duty subject to payment of the required premiums. Subject to the limitations below, the restored Coverage(s) shall be on the same basis as before the date of suspension.

The time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision are not changed as a result of a suspension and restoration of Coverage(s). The time periods that each Coverage is In Force prior to the suspension and In Force after the restoration becomes Effective shall accumulate for that Coverage to determine the satisfaction of the time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision.

The restored Policy will only cover Disabilities caused or contributed to by, or resulting from, an accidental bodily injury that occurs or an illness or disease that first appears (makes itself known) after restoration becomes Effective.

If this Policy is in a state of suspension on the Policy Anniversary on or next following the Insured's 65th birthday, this Policy cannot be renewed and will terminate in accordance with the Termination provision.

Suspension Of Policy For Unemployment

After this Policy has been In Force for at least 12 months from the Policy Date and before it becomes Conditionally Renewable, You may suspend this Policy if the Insured becomes unemployed and has received 60 days of state or federal unemployment benefits.

To request a suspension of this Policy, You must send Us Your Written Request that includes:

- a determination letter from the state or federal agency responsible for administering unemployment benefits. This letter must indicate that the Insured qualifies for unemployment compensation.
- proof, satisfactory to Us, that the Insured has been receiving such compensation for at least 60 consecutive days and is still unemployed on the date We receive Your Written Request.

If the Insured is eligible We will suspend this Policy on the date We receive Your Written Request for suspension with all necessary supporting documentation, and refund to the premium payor any unearned premiums for the period of suspension.

During any period of suspension:

- this Policy will not be In Force;
- no Monthly Benefits, Waiver of Premium, or any other Policy benefit will be available;
- payment of premiums will not be required; and
- no dividends, if any, will be payable.

The suspension will end on the earlier of:

- (1) 12 months after the date the suspension began, at which time You will be notified that this Policy has been placed back In Force and premiums are due; or
- (2) the date We received Your Written Request to end the suspension.

A pro-rata premium is due from the time the suspension ends up to the next premium due date. We will not require Proof of Insurability. The premium rate will be the same as if this Policy had not been suspended. The restoration will be Effective as of the date the suspension ends, subject to payment of the required premiums. Subject to the limitations below, the restored Coverage(s) shall be on the same basis as before the date of suspension.

The time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision are not changed as a result of a suspension and restoration of Coverage(s). The time periods that each Coverage is In Force prior to the suspension and In Force after the restoration becomes Effective shall accumulate for that Coverage to determine the satisfaction of the time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision.

The restored Policy will not cover any Disability caused or contributed to by, or resulting from, an accidental bodily injury that occurs or an illness or disease that first appears (makes itself known) during the period of suspension.

You cannot suspend this Policy for a subsequent period of unemployment until 24 months after the end of the previous suspension.

If this Policy is in a state of suspension on the Policy Anniversary on or next following the Insured's 65th birthday, this Policy cannot be renewed and will terminate in accordance with the Termination provision.

Termination

This Policy will terminate on the earliest of:

- (1) the date following the end of the Grace Period, if premiums for this Policy are not paid prior to the end of the Grace Period;
- (2) if the Insured is Disabled, this Policy will terminate on the later of:
 - the last date of the Maximum Benefit Period if Monthly Benefits have been paid to the end of the Maximum Benefit Period, or
 - the Policy Anniversary on or next following the Insured's 65th birthday;
- (3) when this Policy is Conditionally Renewable and the Insured is not Disabled, this Policy will terminate on the earlier of:
 - the date the Insured is no longer Actively At Work, or if premium had been paid prior to the date that the Insured is no longer Actively At Work, this Policy will terminate at the end of the billing period for which premium had been paid, or
 - the Policy Anniversary on or next following the Insured's 75th birthday;
- (4) the date of the Insured's death and We will refund any unearned premium to the premium payor;
- (5) the date We receive Your Written Request to terminate this Policy at Our Home Office and We will refund any unearned premium to the premium payor; or
- (6) the Policy Anniversary on or next following the Insured's 65th birthday if this Policy is suspended in accordance with either the Suspension Of Coverage For Unemployment or the Suspension Of Policy While In Military provision.

Reinstatement

If this Policy terminates for non-payment of premium, it may be eligible for reinstatement. We may require a reinstatement application and Proof of Insurability.

If the Company or its producer accepts payment of the back premium due without an application, this Policy is reinstated as though a termination had not occurred. The time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision are not changed as a result of a termination and reinstatement of Coverage(s). The time periods that the Coverage(s) is In Force prior to the termination and In Force after the reinstatement becomes Effective shall accumulate to determine the satisfaction of the time periods specified in the Limitation Of Pre-Existing Conditions For Coverage provision. Reinstatement becomes Effective on the date We receive the back premiums due at Our Home Office.

- If We receive the back premium due with an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously written You of its disapproval.
- If We receive the back premium due after the date We approve Your application, reinstatement will be Effective on the date We receive back premium due at Our Home Office.

The reinstated Policy will cover Disabilities that occur on or after the date reinstatement becomes Effective and are:

- caused by Injuries that occur or Sickness that appears (makes itself known) after the reinstatement becomes Effective; or
- caused or contributed to by, or resulting from, an accidental bodily injury that occurs or an illness or disease that first appears (makes itself known) after this Policy terminates for non-payment of premium and before the date reinstatement becomes Effective if such illness, injury, or disease was:
 - (1) fully and accurately described in the application for reinstatement, and

(2) not specifically excluded by name or specific description.

Otherwise, the terms of this Policy will be the same as before termination, except for terms added or excluded in connection with the reinstatement process.

Conformity With Interstate Insurance Product Regulation Commission Standards

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this Policy that, as of the date the provision becomes Effective, is in conflict with the applicable Interstate Insurance Product Regulation Commission Standards then in effect for this product type is hereby amended to conform to the applicable Interstate Insurance Product Regulation Commission standards for this product type in effect as of the date the provision becomes Effective.

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Automatic Benefit Increase Rider

This Rider provides the opportunity to add benefits automatically to Your Policy on each Policy Anniversary subject to the continuing eligibility and renewal requirements. To obtain additional benefits, We do not require Proof of Good Health other than proof that the Insured is not Disabled. We discuss Disability benefits in the DISABILITY BENEFITS section of Your Policy. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made part of Your Policy in consideration of the application. A copy of the application is attached to and made part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications.

The Right To Apply For Additional Coverage provision of Your Policy does not apply to this Rider.

Benefit

Additional Coverage(s) purchased under this Rider will increase the Total Disability Monthly Benefit under Your Policy shown in the Policy Specifications, and will increase the Coverage(s) provided by the following riders if In Force on the Policy:

- Cost Of Living Adjustment Rider
- Extended Partial Disability Benefits Rider
- Own Occupation Rider

The Waiting Period and the Maximum Benefit Period for each additional Coverage will be the same as the Waiting Period and Maximum Benefit Period for the original Coverage associated with that additional Coverage.

Eligibility

Additional Coverage(s) will automatically be added to Your Policy on five (5) consecutive Policy Anniversaries provided the Insured is not Disabled. If the Insured is Disabled, additional Coverage(s) will not be added to Your Policy. Upon recovery, the automatic additional Coverage(s) increases will resume and continue until the next Renewal Period.

Amount Of Additional Coverage

Each Coverage increase will equal the greater of \$50 or 3% of:

- Your Total Disability Monthly Benefit which required Proof of Insurability to purchase, and
- Your Monthly Benefit for the riders listed in the Benefit provision if any of those riders are attached to Your Policy and In Force at the time of the Coverage addition.

If You do not accept and pay for two (2) consecutive automatic Coverage(s) increases, this Rider will terminate subject to the Termination provision. If this Rider terminates, You may reapply for this

Rider. We will require Proof of Insurability satisfactory to Us. Additional Coverage(s) will then be automatically added on five (5) consecutive Policy Anniversaries following the date We approve Your application, subject to the Insured's continuing eligibility.

Premiums For Additional Coverage(s)

The premiums for additional Coverage(s) purchased under this Rider are shown in the Policy Specifications. When this Rider is issued or renewed, We will base the premium for Coverage(s) available under this Rider on:

- the Insured's Attained Age on the Policy Anniversary for each additional Coverage(s) shown in the Policy Specifications, provided each additional Coverage becomes Effective;
- the table of premium rates We are using on the Coverage Date of this Rider; and
- the risk class of the Insured as of the Coverage Date of this Rider.

Increases in Coverage under this Rider will begin on the Policy Anniversary provided they become Effective.

Renewal

The Renewal Period for this Rider is the time period beginning 90 days before and ending on the Coverage End Date for this Rider.

We may require You to apply in writing to renew this Rider during the Renewal Period every 5th Policy Year prior to the Policy Anniversary following the Insured's 55th birthday; otherwise this Rider terminates as described in the Termination provision. In order to renew, at least four (4) out of the five (5) of all previous automatic additional Coverage(s) added to Your Policy since You added or last renewed this Rider must still be In Force, and the Insured must be Attained Age 55 or younger.

We will not require Proof of Good Health other than proof that the Insured is not Disabled. We will not require proof of the nature of the Insured's occupation. We will require up-to-date information on other disability income insurance benefits In Force or applied for by the Insured and the Insured's Income and Unearned Income.

Renewal will be Effective if We approve the application for renewal. Upon approval, We will send new Policy Specifications showing the new schedule of automatic additional Coverage(s). We will base the premium for the increases available under the renewed rider on the table of premium rates We are using for new insurance as of the date of renewal. If We receive evidence that the Insured's risk class is more favorable at the time of application for additional Coverage than it was when this Rider became Effective, We will use the more favorable risk class for the additional Coverage(s).

Renewal of this Rider is subject to Our Published Underwriting Limits then in effect at the time of renewal.

Termination

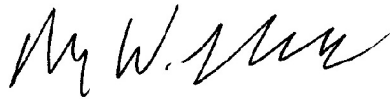
This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) as of the next Monthly Anniversary after We receive Your Written Request to terminate this Rider at Our Home Office;
- (3) the 2nd consecutive Policy Anniversary on which You fail to accept and pay for an automatic additional Coverage(s), or

(4) the Coverage End Date for this Rider if:

- this Rider is not renewed,
- the Insured's Attained Age is greater than 55 on the Coverage End Date of this Rider.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]". The signature is fluid and cursive, with the first name "My" and the last name "W." followed by a stylized, illegible surname.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Catastrophic Disability Benefit Rider

This Rider provides for a benefit to be paid if the Insured becomes Catastrophically Disabled, as defined in this Rider. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made a part of Your Policy in consideration of the application and premium payments. A copy of the application is attached to and made a part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications.

Catastrophic Disability benefits shall not directly or indirectly provide any Coverage for long term care services.

Premiums

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider must be paid along with premiums for the Policy. If You keep Your Policy In Force after this Rider terminates, You will no longer pay premiums for this Rider.

Definition of Catastrophic Disability or Catastrophically Disabled --

The Insured's condition has met either (1) or (2) where:

(1) The definition of "Presumptive Disability" as defined in Your Policy, which includes:

- complete loss of speech;
- complete loss of hearing in both ears;
- complete loss of sight in both eyes; or
- complete loss of use of both hands, or both feet, or one hand and one foot.

(2) The definition of "Total Disability" as defined in Your Policy, and (a) or (b) where:

(a) The inability to perform two (2) of six (6) Activities of Daily Living (ADLs), as defined below, without assistance.

ADLs:

BATHING -- washing oneself by sponge bath; or in either a tub or shower, including the task of getting in to or out of the tub or shower.

CONTINENCE -- the ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

DRESSING -- putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

EATING -- feeding oneself by getting food into the body from a receptacle (such as plate,

cup or table) or by feeding tube or intravenously.

TOILETING -- means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

TRANSFERRING -- means moving into or out of a bed, chair, or wheelchair.

- (b) SEVERE COGNITIVE IMPAIRMENT -- The Insured is suffering severe deterioration and/or loss of cognitive capacity that is due to Injury or Sickness as measured by standardized tests commonly accepted for use in the medical community.

Rider Benefit

This Rider will provide benefits as outlined in Your Policy Specifications.

When We Pay

This Rider provides a monthly benefit for the Insured's Catastrophic Disability if:

- the Insured becomes Catastrophically Disabled while this Rider is In Force; and
- the Catastrophic Disability continues to the end of the Waiting Period for this Rider; and
- the Maximum Benefit Period for this Rider has not expired.

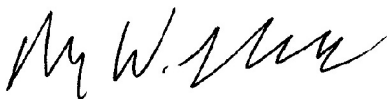
The Waiting Period and Maximum Benefit Period for this Rider are shown in the Policy Specifications. In no event will the Waiting Period be longer than 12 months. No benefits accrue during the Waiting Period. However, if the Disability qualifies as a total and irrecoverable Presumptive Disability as of the onset of Disability, We will waive the required Waiting Period.

Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace Period;
- (3) the Policy Anniversary on or next following the Insured's 65th birthday;
- (4) the date of the Insured's death and We will refund any unearned premium to the premium payor; or
- (5) as of the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY



PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Cost Of Living Adjustment Rider

This Rider may increase the amount of Disability benefits payable under the Policy and select riders shown in the Policy Specifications. We discuss Disability benefits in the DISABILITY BENEFITS section of Your Policy. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made part of Your Policy in consideration of the application and premium payments. A copy of the application is attached to and made part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications.

The Right To Apply For Additional Coverage provision under Your Policy will apply to this Rider as long as this Rider is available for sale in the contract state of issue at the time You apply for additional Coverage.

Premiums

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider must be paid along with the premiums for the Policy. If You keep Your Policy In Force after this Rider terminates, You will no longer pay premiums for this Rider.

Eligibility

To receive increases under this Rider, the Insured must be Disabled for the full Waiting Period shown in the Policy Specifications for this Rider. Total Disability Benefits under the Policy if In Force, or Partial Disability benefits, if the Extended Partial Disability Benefits Rider is In Force, up to the Monthly Benefit for this Rider will be eligible for increases. Monthly Benefits from the Catastrophic Disability Benefit Rider and the Social Insurance Rider, if In Force, up to the Monthly Benefit for this Rider will be eligible for increases. No other riders are eligible for increases under this Rider unless it is provided for directly in that rider.

When We Will Pay Monthly Benefit Increases

If requirements for eligibility have been met, the Monthly Benefit increase under this Rider will start to accrue after the Insured is Disabled for the full Waiting Period for this Rider. We will make the first payment one (1) month later. For each year of a period of Disability thereafter, We will continue to increase the benefit payable, as specified in the Amount Of Monthly Benefit Increases provision.

How Long We Will Pay Benefit Increases

While the Insured is Disabled, We will make increases to the Monthly Benefit based on the Monthly Benefit for this Rider shown in the Policy Specifications until the earlier of:

- (1) the date the Disability ends; or
- (2) the date the Maximum Benefit Period for this Rider ends.

Amount Of Monthly Benefit Increases

The increases to the benefits will be computed once each 12 months of Disability. If requirements for eligibility have been met, the increases to the Monthly Benefit payments for the next 12 months will be computed by multiplying each Monthly Benefit payable by a percentage. The percentage used each year is shown in the table below.

<u>Year of Disability</u>	<u>Percentage</u>	<u>Year of Disability</u>	<u>Percentage</u>
2	3.0%	25	103.3%
3	6.1	26	109.4
4	9.3	27	115.7
5	12.6	28	122.1
6	15.9	29	128.8
7	19.4	30	135.7
8	23.0	31	142.7
9	26.7	32	150.0
10	30.5	33	157.5
11	34.4	34	165.2
12	38.4	35	173.2
13	42.6	36	181.4
14	46.9	37	189.8
15	51.1	38	198.5
16	55.8	39	207.5
17	60.5	40	216.7
18	65.0	41	226.2
19	70.2	42	236.0
20	75.4	43	246.1
21	80.6	44	256.5
22	86.0	45	267.1
23	91.6	46	278.2
24	97.4	47	289.5

Right To Apply For Additional Monthly Benefits

Following a period of Disability during which Monthly Benefit increases were paid, You will have the opportunity to purchase additional Monthly Benefits under the Policy, the Social Insurance Rider, and the Extended Partial Disability Benefits Rider, if those Riders are In Force. To be eligible to purchase additional Monthly Benefits, the Insured must be Actively At Work at an occupation consistent with his/her education, training, and experience.

The maximum additional Monthly Benefit available will be computed from the accrued percentage increase on which the last increase and Monthly Benefit payment was based. The percentage will be multiplied by the:

- Total Disability Monthly Benefit to which this Rider applies shown in the Policy Specifications;
- Social Insurance Rider Monthly Benefit to which this Rider applies shown in the Policy Specifications;
- Extended Partial Disability Monthly Benefit to which this Rider applies shown in the Policy Specifications;
- Catastrophic Disability Monthly Benefit to which this Rider applies shown in the Policy Specifications.

The result will be the maximum additional Monthly Benefit available for purchase. If any rider provides directly for an increase under this Rider, the additional increase in Monthly Benefit will be calculated as

set forth in that rider.

We will base the premium for additional benefits on the Insured's Age, current occupational class, and the table of premium rates We are using for new insurance, each of which will be determined as of the date the additional benefits are purchased. Additional benefits may be purchased if:

- the Insured has not reached his/her 60th birthday at the time of application for the additional benefits;
- the application for additional benefits is made within 90 days after the Insured's Disability ends.

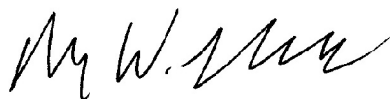
Proof of Good Health will not be required; however, the Insured must provide proof that he/she is Actively At Work at an occupation consistent with his/her education, training, and experience.

Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace Period;
- (3) the Policy Anniversary on or next following the Insured's 65th birthday;
- (4) the date of the Insured's death and We will refund any unearned premium to the premium payor; or
- (5) the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]", is written over the printed name of the President.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Extended Partial Disability Benefits Rider

This Rider provides benefits for Partial Disability. We discuss Disability benefits in the DISABILITY BENEFITS section of Your Policy. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made a part of Your Policy in consideration of the application and premium payments. A copy of the application is attached to and made a part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications. The Waiting Period and the Maximum Benefit Period for this Rider are shown in the Policy Specifications.

Premiums

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider must be paid along with the premiums for the Policy. If You keep Your Policy In Force after this Rider terminates, You will no longer pay premiums for this Rider.

Definitions

CURRENT INCOME -- Income received during a period of Disability for which a benefit is claimed, excluding any amounts earned prior to the start of Disability.

DEMONSTRATED RELATIONSHIP -- With respect to a Loss of Income, the Disability is a substantial factor in producing the loss. A Disability would not have a Demonstrated Relationship to a Loss of Income produced primarily by intervening causes which are not related to the Disability.

LOSS OF INCOME -- The Insured's Pre-Disability Income minus his/her Current Income, calculated on a basis consistent with that used to calculate Pre-Disability Income.

PRE-DISABILITY INCOME -- The greatest of the average monthly Income earned and received for the:

- last 12 months before the start of Disability;
- last 24 months before the start of Disability; or
- highest consecutive 24 months during the 60 months prior to Disability.

PARTIAL DISABILITY -- For the first 6 months of Partial Disability, whether during the Waiting Period or after, the Insured is Partially Disabled if due to Sickness or Injury he/she:

- is working at his/her Occupation or another occupation;
- is not Totally Disabled;
- is under a Doctor's Care; and
- fulfills the circumstances described in either (1), (2) or (3) below:

(1)

can do some, but not all, of the main duties of his/her Occupation. The main duty(ies) that the Insured is unable to perform must account for at least 15% of the time he/she spent in his/her Occupation just prior to the start of the Disability.

(2)

can perform all the main duties of his/her Occupation, but for no more than 85% of the time they were collectively performed consistently just prior to the start of the Disability.

(3)

- has a reduced capacity to perform his/her Occupation;
- has a Loss of Income of at least 15% of Pre-Disability Income; and
- can show a Demonstrated Relationship between the Loss of Income and the current Disability.

After the first 6 months of Partial Disability, whether during the Waiting Period or after, the Insured is Partially Disabled if due to Sickness or Injury he/she:

- is working at his/her Occupation or another occupation;
- is not Totally Disabled;
- is under a Doctor's Care;
- has a reduced capacity to perform his/her Occupation;
- has a Loss of Income of at least 15% of Pre-Disability Income; and
- can show a Demonstrated Relationship between the Loss of Income and the current Disability.

Payment of Partial Disability Benefits

In order for Partial Disability benefits to be paid, the Insured must have been Disabled throughout the full Waiting Period for this Rider shown in the Policy Specifications. No benefits are accrued during the Waiting Period. Once the Waiting Period has been satisfied and while the Insured is Partially Disabled, We will pay benefits as follows:

During the first 6 months of Partial Disability, we will pay the Total Disability benefits shown in the Policy Specifications for any portion of that 6 month period that is not used to satisfy the Waiting Period and during which, due to Sickness or Injury, the Insured is working less than 20% of the time worked just prior to the start of the Disability.

Otherwise We will pay benefits as follows:

For the first 12 months of Partial Disability Benefits:

Any monthly payment for Partial Disability will be at least 50% of the Extended Partial Disability Monthly Benefit shown in the Policy Specifications.

Based on the Insured's Loss of Income, the monthly payment can exceed the 50% minimum as determined below:

- If the Insured's Loss of Income is more than 50% of the Extended Partial Disability Monthly Benefit shown in the Policy Specifications, the monthly payment will be the Insured's actual Loss of Income, up to the Extended Partial Disability Monthly Benefit shown in the Policy Specifications; or
- If the Insured's Loss of Income is greater than 75% of Pre-Disability Income, the monthly payment will be the Total Disability Monthly Benefit shown in the Policy Specifications.

If eligible under more than one of the above conditions, the greatest of the eligible monthly payments will be made.

Starting with the 13th month of Partial Disability Benefits:

Any monthly payment for Partial Disability will be based on the Insured's Loss of Income relative to the Pre-Disability Income. The monthly payment will be determined as follows:

- If the Insured's Loss of Income is equal to or greater than 15% of Pre-Disability Income, but less than or equal to 75% of Pre-Disability Income, the monthly payment will be determined by the following:

$$\text{Extended Partial Disability Monthly Benefit} \quad \times \quad \frac{\text{Loss of Income}}{\text{Pre-Disability Income}}$$

- If the Insured's Loss of Income is greater than 75% of Pre-Disability Income, the monthly payment will be the Total Disability Monthly Benefit shown in the Policy Specifications.

If eligible under more than one of the above conditions, the greatest of the eligible monthly payments will be made.

Partial Disability Benefits and Total Disability Benefits are not payable concurrently.

Recovery Benefit

After a period of Total Disability or Partial Disability payments, a Recovery Benefit will be paid provided the Insured's Loss of Income is at least 15% of Pre-Disability Income and there is a Demonstrated Relationship between the Insured's Loss of Income and the previous Disability. The Recovery Benefit will be paid following the Insured's full recovery and return to his/her Occupation as it was being performed just prior to the start of Disability. The monthly payment will be determined as follows:

$$\text{Extended Partial Disability Monthly Benefit} \quad \times \quad \frac{\text{Loss of Income}}{\text{Pre-Disability Income}}$$

We will periodically evaluate the Demonstrated Relationship between the Insured's Loss of Income and the previous Disability. We will continue to make monthly payments as long as the Insured's Loss of Income is at least 15% of Pre-Disability Income and there is a Demonstrated Relationship between the Insured's Loss of Income and the previous Disability. Monthly payments will not exceed the Maximum Benefit Period for Partial Disability.

Adjustment To Pre-Disability Income

The amount of Pre-Disability Income will be increased after each 12 months of Disability. We will increase it by the same percentage that the Consumer Price Index (CPI) rose during the preceding 12 months of Disability. The CPI will be the one used for adjusting Social Security benefits. If the CPI is discontinued or its calculation is changed substantially, We will use a comparable index approved by the Interstate Insurance Product Regulation Commission. We will notify You before using a comparable index. The percentage will never be less than [3%]. Once adjusted, the Pre-Disability Income will not be decreased during that period of Disability. We will ignore decreases in the CPI.

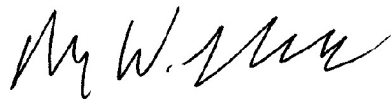
Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace Period;
- (3) the Policy Anniversary on or next following the Insured's 65th birthday;

- (4) the date of the Insured's death and We will refund any unearned premium to the premium payor; or
- (5) as of the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]", is written in a cursive style.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Future Insurability Option Rider

This Rider provides the opportunity to apply for additional benefits from time to time without Proof of Good Health other than proof that the Insured is Actively At Work and is not Disabled. We discuss Disability benefits in the DISABILITY BENEFITS section of Your Policy. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made a part of Your Policy in consideration of the application and premium payments. A copy of the application is attached to and made a part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications.

You have a right to increase the Total Available Pool (shown in the Policy Specifications) under the Increasing The Total Available Pool provision. However, the Right To Apply For Additional Coverage provision of Your Policy does not apply to this Rider.

Premiums

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider must be paid along with premiums for the Policy. Each time You buy additional Coverage(s), We will reduce the Rider premium. If You keep Your Policy In Force after this Rider terminates, You will no longer pay premiums for this Rider.

Benefit

Additional Coverage(s) purchased under this Rider will increase the Total Disability Monthly Benefit under Your Policy shown in the Policy Specifications, and will increase the Coverage(s) provided by the following riders if In Force on the Policy:

- Cost of Living Adjustment Rider
- Extended Partial Disability Benefits Rider
- Own Occupation Rider

Coverage(s) provided by the Social Insurance Rider or Short Term Disability Benefits Rider, if In Force on the Policy, will also increase unless You notify Us that You do not want to increase Coverage(s) under these riders.

The Waiting Period and the Maximum Benefit Period for each additional Coverage will be the same as the Waiting Period and Maximum Benefit Period for the original Coverage associated with that additional Coverage.

Eligibility

To apply for additional Coverage(s) under this Rider, You must apply during an Option Period as specified in the Option Periods provision. You may apply only once during each Option Period. Your right to apply for additional Coverage(s) will be postponed if the Insured is Disabled or is not Actively At Work during the Option Period.

Option Periods

An Option Period is the time which begins 90 days before each Option Date and ends on that Option Date. The Option Date is shown in the Policy Specifications.

You may request a change in the annual Option Date by Written Request at the time the Insured has a significant life change. Significant life changes include marriage, birth or adoption of a child or children, purchase of a home, a change in employment that results in a loss of group long term disability insurance, or other similar life events, subject to Our approval. The change will take effect on the Monthly Anniversary following the date We approve Your request.

If the Policy and this Rider are reinstated, only Option Periods which occur after the date of reinstatement will be available.

The last Option Period will be the Option Period ending on the Option Date on or immediately before the Insured's 60th birthday.

How To Apply For Additional Coverage

If requirements for eligibility have been met, You must apply in writing on Our form during an Option Period. We will not require Proof of Good Health other than proof that the Insured is Actively At Work and not Disabled. We will not require proof of the nature of the Insured's occupation. We will require up-to-date information on other disability income insurance benefits In Force or applied for by the Insured, and the Insured's Income and Unearned Income.

The portion of the Total Available Pool You are eligible to exercise in an Option Period is subject to:

- (1) the maximum amount as described in the Maximum Amount provision below; and
- (2) the more favorable issue and participation limits in:
 - Our Published Underwriting Limits in effect when this Rider was purchased, or
 - Our current Published Underwriting Limits; and
- (3) the Insured's Income and Unearned Income, and other disability income insurance benefits In Force or applied for by the Insured.

Disability income insurance benefits include those provided by:

- Us;
- any other insurance company; and
- the Insured's employer, including any salary continuation payments.

The additional Coverage will begin on the Option Date provided it is Effective.

Each time You purchase additional Coverage(s), We will send new Policy Specifications.

Maximum Amount

The maximum amount of additional Coverage that may be applied for during any Option Period is subject to Our current Published Underwriting Limits.

In no event will the maximum amount of additional Coverage that may be applied for under Our Published Underwriting Limits be less than:

- the initial Total Disability Monthly Benefit which required Proof of Insurability to purchase (shown in

the Policy Specifications) if exercising prior to the Policy Anniversary on or next following the Insured's 50th birthday.

- one-half the initial Total Disability Monthly Benefit which required Proof of Insurability to purchase (shown in the Policy Specifications) after the Policy Anniversary on or next following the Insured's 50th birthday.

Notwithstanding the above, You may not apply for additional Coverage(s) that exceed the Total Available Pool for this Rider shown in the Policy Specifications at the time You apply for additional Coverage(s).

Minimum Amount

In order to buy additional Coverage(s) during any Option Period, the Insured must qualify for at least \$100 of Monthly Benefit.

Total Available Pool

During all Option Periods, the total additional Coverage(s) purchased cannot exceed the Total Available Pool initially shown in the Policy Specifications at the time this Rider was issued.

Premiums For Additional Coverage(s)

We will base the premium for each additional Coverage purchased under this Rider on the Insured's Attained Age on the Option Date, the risk class of the Insured, and the table of premium rates We are using for new insurance, each of which will be determined as of the date each additional Coverage becomes Effective.

Additional Coverage(s) will be issued on the basis in effect on the Coverage Date of this Rider. If We receive evidence that the Insured's risk class is more favorable at the time of application for additional Coverage(s) than it was when this Rider became Effective, We will use the more favorable risk class for the additional Coverage.

Increasing The Total Available Pool

You may apply to increase the Total Available Pool at any time while this Rider is In Force prior to the Policy Anniversary on or next following the Insured's 55th birthday. We will require Proof of Insurability.

The maximum amount of the Total Available Pool may not exceed those available based on Our Published Underwriting Limits then in effect at the time You apply for a Total Available Pool increase.

We will base the premiums for the Total Available Pool increase on the table of premium rates We are using for new insurance as of the date each Coverage under this Rider becomes Effective.

Any increase in the Total Available Pool will begin on the Monthly Anniversary following the date We approve Your application provided they become Effective.

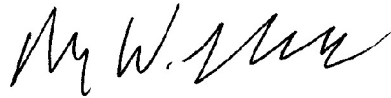
Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace Period;
- (3) the date of the Insured's death and We will refund any unearned premium to the premium payor;

- (4) as of the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor;
- (5) the date the Total Available Pool shown in the Policy Specifications is reduced to zero; or
- (6) the Option Date on or immediately before the Insured's 60th birthday.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]". The signature is fluid and cursive, with the first part being more legible than the second.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Own Occupation Rider

This Rider provides a Monthly Benefit when the Insured is Totally Disabled as defined by this Rider. It also modifies, if In Force, the Partial Disability Benefits provision of the Extended Partial Disability Benefits Rider equal to the Monthly Benefit for this Own Occupation Rider shown in the Policy Specifications. It is made part of the Policy. It is issued in consideration of the application and premium payments for this Rider and for the Policy to which it is attached. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

The Right To Apply For Additional Coverage provision of Your Policy will apply to this Rider as long as this Rider is available for sale in the contract state of issue at the time You apply for additional Coverage.

Premiums

Premiums for this Rider are shown in the Policy Specifications and must be paid along with premiums for the Policy. If You keep Your Policy In Force after this Rider terminates, payments of premiums for this Rider will no longer be required. If this Rider is issued after Your Policy was issued, We will send new Policy Specifications.

Modification To The DEFINITIONS Section Of The Policy

Solely for the Monthly Benefits available under this Rider, the definition of "Total Disability or Totally Disabled" is:

TOTAL DISABILITY OR TOTALLY DISABLED -- The occurrence of a condition caused by a Sickness or Injury in which the Insured:

- cannot perform the main duties of his/her Occupation;
- is working in another occupation;
- must be under a Doctor's Care; and
- the Disability must begin while this Rider is In Force.

Solely for the Monthly Benefits available under this Rider, the definition of "Occupation" is revised as follows:

OCCUPATION -- The Insured's regular profession(s) or business(es) at the start of Disability for which the Insured receives or can receive remuneration.

If the Insured's Occupation is that of a medical or dental specialty and the main duties of that specialty are verified by the Billing Codes for the 12 months before Disability began, We will deem that specialty to be the Insured's Occupation.

Billing Codes. Billing Codes mean codes generally accepted by the healthcare and insurance industries, such as Current Procedural Terminology (CPT) or American Dental Association (ADA), that are used to identify and describe medical, surgical, diagnostic, or dental services directly performed by the Insured.

Own Occupation Benefit

After the satisfaction of the Waiting Period for this Rider shown in the Policy Specifications, We will pay the Own Occupation Monthly Benefit as shown in the Policy Specifications if the Insured has a Total Disability as defined in this Rider.

Modification To The Partial Disability Benefits Provision If The Extended Partial Disability Benefits Rider Is In Force

The following is added to the Partial Disability Benefits provision of the Extended Partial Disability Benefits Rider, if In Force:

Monthly Benefit payments under this Own Occupation Rider will be in lieu of any Monthly Benefit under the Extended Partial Disability Benefits Rider equal to the Monthly Benefit for this Own Occupation Rider shown in the Policy Specifications. We will evaluate eligibility for Monthly Benefits under the Extended Partial Disability Benefits Rider for the amount, if any, that exceeds the Monthly Benefit of this Own Occupation Rider.

Cost of Living Adjustment Rider

The Monthly Benefit under this Rider will be included when determining the increase to the Monthly Benefit from the Cost Of Living Adjustment Rider if:

- the Cost Of Living Adjustment Rider is In Force on Your Policy;
- the Insured meets all of the requirements of the Cost Of Living Adjustment Rider; and
- the Insured fulfills the eligibility requirements to receive Monthly Benefits from the Own Occupation Rider.

Following a period of Disability during which monthly increases were paid, You will have the opportunity to purchase additional Monthly Benefits for this Own Occupation Rider in accordance with the Cost Of Living Adjustment Rider, if In Force.

The maximum additional Monthly Benefit available for this Rider will be computed by multiplying the:

- accrued percentage on which the last Cost Of Living Adjustment Monthly Benefit increase was based; and
- Own Occupation Monthly Benefit shown in the Policy Specifications.

Other Riders

We will increase the Monthly Benefit under this Own Occupation Rider when You purchase additional Coverage under the Future Insurability Option Rider, Benefit Increase Rider, and/or Automatic Benefit Increase Rider if those Riders are In Force on Your Policy.

Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace period; or
- (3) the Policy Anniversary on or next following the Insured's 65th birthday;

- (4) the date of the Insured's death and We will refund any unearned premium to the premium payor;
or
- (5) as of the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]", is written over the printed name.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Student Loan Rider

This Rider provides a Monthly Benefit equal to the Student Loan Repayment while the Insured is Totally Disabled. We discuss Total Disability benefits in the DISABILITY BENEFITS section of the Policy. All definitions and provisions in the Policy apply to this Rider, unless otherwise specified in this Rider.

General

This Rider is made a part of Your Policy in consideration of the application, supplements, and premium payments. A copy of the application and supplements are attached to and made a part of Your Policy. If this Rider is issued after the Policy was issued, We will send new Policy Specifications.

The Waiting Period for this Rider is shown in the Policy Specifications.

If the Own Occupation Rider is attached to the Policy, the definition of "Total Disability or Totally Disabled" in that rider will apply to this Rider.

The Right To Apply For Additional Coverage provision of Your Policy does not apply to this Rider.

Premiums

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider must be paid along with premiums for the Policy. If You keep Your Policy In Force after this Rider terminates, You will no longer pay premiums for this Rider.

Definitions

STUDENT LOAN OBLIGATION -- Legally binding loan agreement(s) that:

- includes the terms of the Insured's financial obligation and establishes the Insured's personal responsibility for loan repayment over a fixed period of time; and
- is signed by the Insured as the borrower; and
- is established solely for the purpose of paying education related expenses incurred by the Insured while attending a degree-granting institution; and
- is secured from a chartered bank, lending institution and/or government program, or their lawful successor(s) or assigns; and
- is not commingled with obligations which are separate and distinct from the Insured's obligation to pay education related expenses.

STUDENT LOAN REPAYMENT -- The total monthly amount due on any Student Loan Obligation(s).

Benefit

We will pay a Monthly Benefit equal to the Student Loan Repayment, up to the Maximum Monthly Benefit shown in the Policy Specifications, provided this Rider is In Force and the Insured is Totally Disabled throughout the full Waiting Period for this Rider. No benefits accrue during the Waiting Period.

Provided the Insured remains Totally Disabled and qualifies for benefits under this Rider, benefits will be paid to the later of:

- the Coverage End Date for this Rider as shown in the Policy Specifications, or
- 6 months after the Waiting Period for this Rider is satisfied.

Notice Of Claim

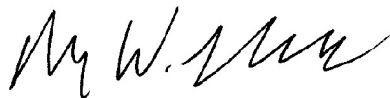
You must send Us a Written Request for benefits under this Rider to Our Home Office in accordance with the Notice Of Claim and Proof Of Disability Requirements provisions in the Policy. In addition to the information required under those provisions, You must also provide Us with proof of the Student Loan Obligation and the amount of Student Loan Repayment(s).

Termination

This Rider will terminate on the earliest of the following dates:

- (1) the date the Policy terminates for any reason;
- (2) the date following the end of the Grace Period, if premiums for this Rider are not paid prior to the end of the Grace period;
- (3) the date of the Insured's death and We will refund any unearned premium to the premium payor;
- (4) the date We receive Your Written Request to terminate this Rider at Our Home Office and We will refund any unearned premium to the premium payor;
- (5) the Coverage End Date for this Rider unless the Insured is Disabled, in which case, this Rider will terminate on the later of:
 - the Coverage End Date for this Rider, or
 - 6 months after the Waiting Period for this Rider is satisfied; or
- (6) the date You no longer have a Student Loan Obligation and We will refund any unearned premium to the premium payor.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]", is written over the printed name of the President.

PRESIDENT

**Massachusetts Mutual Life Insurance Company
Springfield, Massachusetts**

Endorsement

The definition of "Sickness" in the DEFINITIONS section of Your Policy is deleted in its entirety and replaced with the following:

SICKNESS -- An illness, disease or pregnancy, including Complications of Pregnancy diagnosed by a Doctor, that first manifests itself on or after the Coverage Date(s) of the Policy and while the Policy is In Force, subject to the Limitation Of Pre-Existing Conditions For Coverage provision.

Sickness also includes the transplant of a part of the Insured's body to another person that occurs after the Coverage Date(s).

The definition of "Complications of Pregnancy" is added to the DEFINITIONS section of Your Policy:

COMPLICATIONS OF PREGNANCY -- Conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, non-elective caesarean section, ectopic pregnancy which is terminated, spontaneous termination of pregnancy where a viable birth is not possible, and similar medical and surgical conditions of comparable severity, and may include, but are not limited to, pre-term labor, Doctor-prescribed rest during the period of pregnancy, severe hyperemesis gravidarum, preeclampsia or eclampsia, gestational diabetes, and similar conditions associated with complications of pregnancy.

The Exclusions provision in the WHAT IS NOT COVERED section of Your Policy is deleted in its entirety and replaced with the following:

Exclusions

This Policy does not provide any benefit for any Disability:

- during a period of legal incarceration in a penal or correctional institution of more than 7 days or during a period of legal detainment of more than 7 days. Also, this time does not apply for completion of the Waiting Period.
- sustained during declared war or undeclared war or act of war.
- sustained during participation in a riot or insurrection.
- caused by any intentionally, self-inflicted Injury.
- sustained during the Insured's commission of, or attempt to commit, a felony under local, state or federal law, or while engaged in an illegal occupation.
- that results from, or is contributed to, by a disease, disorder or physical condition that was excluded as

a result of the underwriting process by name or specific description.

This endorsement is part of the Policy to which it is attached. Issued by Massachusetts Mutual Life Insurance Company, Springfield, Massachusetts.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "My W. [unclear]", is written over a horizontal line.

PRESIDENT

AMENDMENT TO PENDING APPLICATION

To: Massachusetts Mutual Life Insurance Company
1295 State Street, Springfield, Massachusetts

Issue Date: Sep 13, 2022

Proposed Insured: LAURA HAGERTY		Proposed Owner: LAURA HAGERTY	
Policy Number 8581175	Date of Part 1 Application Jul 13, 2022	Date of Part 2 Application Aug 10, 2022	Date of Disability Income Medical Supplement N/A

The following changes and additional statements as indicated below are made with respect to the application for insurance described above.

I(We) agree that all statements and answers on this form are true and complete to the best of my(our) knowledge and belief. Other than to comply with the Company's underwriting requirements, I, the Proposed Insured, have not sought or received medical advice or treatment since the date of the Part 1 or Part 2 Application or Disability Income Medical Supplement, which ever is later. I(We) agree this amendment shall be incorporated in the application referenced above as fully and completely as if amendment(s) had been originally set forth therein, and will be subject in all respects to the agreements contained in the application.

Except as changed above, the answers and statements to the application for insurance to Massachusetts Mutual Life Insurance Company are true and complete to the best of my(our) knowledge and belief as if made at the time I(we) signed the amendment. A copy of the application is attached.

Signed at _____, on (date) _____, 20 _____
City and State

Signature of Proposed Insured: _____

Printed name: _____ LAURA HAGERTY

Signature of Proposed Owner: _____
(if other than the Proposed Insured)

Printed name: _____ LAURA HAGERTY

Return To:

**Massachusetts Mutual Life Insurance Company
DMS W360
1295 State Street
Springfield, MA 01111-0001**



Application for Individual Life & Disability Insurance (Part 1)

The Insurer identified below will be referred to herein as the “Company”:

Massachusetts Mutual Life Insurance Company (MassMutual) 1295 State Street, Springfield, Massachusetts 01111-0001

Unless subsidiary designated below:

☐ **C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981

If applying for *(Select all that apply):*

Complete sections

☐ Individual Life or Survivorship Life New Business A-G & L-N

☒ Individual Disability Income New Business (Provide Right to Apply #: _____)A-B & H-N

A Personal Information :::

Complete this section for the Proposed Insured.

1. Full legal name (First, MI, Last, Suffix): Laura Hagerty

2. Gender (Select one): ☐ Male ☒ Female

3. Date of birth (mm/dd/yyyy): [REDACTED] 1993

4. Place of birth (Country & State/Province): USA / IL

5. Taxpayer Identification Number (SSN/ITIN): [REDACTED] 5535

6. Residential address – *do not use PO Box* (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

Detroit, MI, USA 48216

7. Mailing address – *only if different than question 6* (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

8. Preferred phone number: (863)513-2492 Extension: _____ ☐ Home ☐ Work ☒ Mobile

Alternate phone number:

Extension: _____ ☐ Home ☐ Work ☐ Mobile

Best time to call: _____ ☐ am ☒ pm

9. Receive a text message regarding your Application? ☒ Yes ☐ No

By selecting Yes, you agree to receive texts regarding your Application (such as Personal History Interview (PHI) call requests/reminders and Client Medical Interview (CMI) reminders) from the Company, which may be delivered to your mobile phone using an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel future notifications at any time.

10. For purposes of completing the Personal History Interview (PHI), if required, does the Proposed Insured:

a. Need special accommodations (e.g. hearing impairment)? ☐ Yes ☒ No

b. Have a preferred language other than English? *If Yes, complete applicable Acknowledgment Regarding English Language Materials and Translation* ☐ Yes ☒ No

If Yes, indicate language: _____

11. Email address: laura.elizabeth.hagerty@gmail.com

B Personal History Information *continued*

13. Current occupation: Dentist
- a. Duties: Clinical
- b. Employer/business name (If self-employed, provide business name): U of Detroit Mercy
- c. Employer/business address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code): 2700 Martin Luther King Jr Blvd, Detroit, MI, USA 48208
14. Earned income (If business owner, include share of business profit/loss in addition to wages):
- a. Current year: \$0
- b. Prior year: \$0
15. Unearned income (e.g. interest, dividends, capital gains, rents):
- a. Current year: \$0
- b. Prior year: \$0

For Life, continue to question 16. For DI only, skip to section H – Disability Income Product Information.

16. Net worth: _____
17. If a student, retiree, homemaker, juvenile, unemployed or disabled (For question 17d, include in force and applied for coverage):
- a. Annual household earned income: _____
- b. Annual household unearned income: _____
- c. Household net worth: _____
- d. Other coverage on working spouse: _____

If the Proposed Insured is a juvenile (age 0-16), complete questions 18-22. Otherwise, skip to section C – Life Product Information.

18. List all family members (including siblings, parents and legal guardians) in the table below. For the coverage columns, provide the total life insurance currently applied for or now in force with MassMutual or other companies. If none, explain in section L – Additional Information.

Relationship	Name	Age	Non-Group/Individual Coverage		Group Coverage
			Applied for	In force	In force

Complete the following questions for the person signing on behalf of the Proposed Insured.

19. Relationship (Select one): ☐ Mother ☐ Father ☐ Legal guardian (Court documents will be required)
20. Full legal name (First, MI, Last, Suffix): _____
21. Taxpayer Identification Number (SSN/ITIN): _____
22. Type of citizenship (Select one): ☐ Resident U.S. citizen ☐ Non-resident U.S. citizen ☐ Resident alien ☐ Non-resident alien
- If U.S. citizen, skip to section C – Life Product Information. If alien, continue to question 22a, attach copy of visa and complete the Foreign Supplement.**
- a. Country of citizenship: _____
- b. Type of visa: _____
- c. Visa number: _____
- d. Expiration date (mm/dd/yyyy): _____

6. Anticipated value of exchange: _____

7. Apply 1035 Exchange proceeds to (Select all that apply): ☐ Additional premium (UL or VL) ☐ ALIR ☐ LISR ☐ Initial premium

8. Will a policy loan be carried over to the new policy? ☐ Yes ☐ No

9. Do you wish to terminate an existing internal term policy or rider? ☐ Yes ☐ No *If Yes, use Term to Term Replacement Form.*

G Life Payment Information ::

1. Billing type (Select one): ☐ Pre-Authorized Check (PAC; **if selected, use applicable PAC form**) ☐ Individual Direct Bill

☐ Group Bill with Invoice/Franchise number (*Must be provided at the time of business submission*): _____

2. Frequency (Select one): ☐ Monthly (PAC/Group only) ☐ Quarterly ☐ Semi-annual ☐ Annual ☐ Single Premium (If available)

3. Is initial premium being submitted with this Application? ☐ Yes ☐ No *If Yes, use Temporary Life Insurance Receipt*

4. Save age (If Yes, premium will be due for each month Policy is backdated to save age): ☐ Yes ☐ No

5. Policy dating (Select one; not required when saving age unless a specific date is requested):

☐ Date of issue ☐ Specific date (Up to the 28th of each month): _____

6. Premium Payor (Select one): ☐ Proposed Insured(s) ☐ Proposed Owner(s) ☐ Other

If Other is selected, provide details in questions 6a-6c.

a. Full legal name (*First, MI, Last, Suffix*): _____

b. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, Zip/Postal Code):

c. Relationship to Insured: _____

7. Does the Premium Payor's source of premium include a loan or premium financing? ☐ Yes ☐ No

H Disability Income Product Information ::

Complete for Radius Choice, Radius or MaxElect. Not all Riders, Endorsements, Benefit Periods and Waiting Periods are available with all products.

1. Base Policy:a. Product name: Radius Choiceb. Monthly Benefit: \$5,000c. Benefit Period: ☐ 2 years ☐ 5 years ☐ 10 years
☐ To Age 65 ☒ To Age 67 ☐ To Age 70d. Waiting Period: ☐ 60 days ☒ 90 days ☐ 180 days
☐ 365 days ☐ 730 daysRecipient of Benefits Assignment:

Full legal name (First, MI, Last, Suffix):

Laura HagertySee Additional Details for AddressRelationship: Insured

Taxpayer Identification Number (SSN/ITIN):

350-88-5535**2. Other Benefits & Riders:**☐ Maximum Benefit Period Endorsement (Not available with a 2 year Benefit Period. Option available at time of New Business only and cannot be added or removed once the Policy has been put in force.)☐ Social Insurance Rider (Waiting Period and Benefit Period must be same as Base Policy)

Monthly Benefit: _____

☒ Extended Partial Disability Benefits Rider (Monthly Benefit, Waiting Period and Benefit Period must be same as Base Policy)☐ Partial Disability Benefits Rider (6 months Benefit Period; Waiting Period must be the same as Base Policy; not available if Extended Partial Rider is elected)☒ Automatic Benefit Increase Rider☒ Catastrophic Disability Benefit Rider:Monthly Benefit: \$5,000Benefit Period: ☐ 2 years ☐ 5 years ☐ 10 years
☐ To Age 65 ☒ To Age 67 ☐ To Age 70Waiting Period: ☐ 60 days ☒ 90 days ☐ 180 days
☐ 365 days ☐ 730 days☒ Cost of Living Rider☒ Own Occupation Rider (Monthly Benefit, Waiting Period and Benefit Period must be same as Base Policy. Not available with Group Supplement Coverage B or Short Term Disability Benefit Rider)☒ Future Insurability Option Rider (FIO):Amount: \$15,000

Option month (If different from Anniversary): _____

☐ Benefit Increase Rider (Not available if FIO is elected)☐ Short Term Disability Benefits Rider – Option 1:

Monthly Benefit: _____

Waiting Period/Benefit Period (Select one):

☐ 60 day Waiting Period/4 month Benefit Period☐ 90 day Waiting Period/3 month Benefit Period☐ Short Term Disability Benefit Rider – Option 2:

Monthly Benefit: _____

180 day Waiting Period/6 month Benefit Period

☐ Group Supplement Disability Benefits Rider (Waiting Period can be equal to or greater than Base Policy; if Rider is elected, Extended Partial must also be elected)☐ Coverage A:

Monthly Benefit: _____

Benefit Period: ☐ 10 years ☐ To Age 65 ☐ To Age 67Waiting Period: ☐ 60 days ☐ 90 days ☐ 180 days☐ 365 days ☐ 730 days☐ Coverage B:

Monthly Benefit: _____

Benefit Period: ☐ 10 years ☐ To Age 65 ☐ To Age 67Waiting Period: ☐ 60 days ☐ 90 days ☐ 180 days☐ 365 days ☐ 730 days☐ HIV Disability Rider:

Monthly Benefit: _____

No Waiting Period/24 month maximum Benefit Period

☐ Managerial Duties Endorsement☐ RetireGuard Rider:

Monthly Benefit: _____

Benefit Period: ☐ 10 years ☐ To Age 65 ☐ To Age 67Waiting Period: ☐ 180 days ☐ 365 days

Amount of Contribution: _____

Frequency: ☐ Annual ☐ Monthly

Employer amount: _____

Employee amount: _____

Recipient of Benefits Assignment:

Full legal name (First, MI, Last, Suffix):

Taxpayer Identification Number (SSN/ITIN):

H Disability Income Product Information *continued*2. Other Benefits & Riders (*continued*):☐ RetireGuard Future Insurability Option (FIO):

Amount: _____

Option month (*If different from Anniversary*): _____☐ RetireGuard Cost of Living Option (COLA)☒ Student Loan Rider (**Use Student Loan Rider Supplement**)Maximum Monthly Benefit: \$2,500Waiting Period: ☒ 90 days ☐ 180 daysCoverage Term: ☐ 10 years ☒ 15 years**Complete for RetireGuard Standalone** (*Complete for Radius Choice, Radius or MaxElect*)

3. Is policy applied for being issued as RetireGuard?

☐ Yes ☐ No**If Yes, continue to question 3a. If No, skip to question 7.**

a. Product name: _____

b. Monthly Benefit: _____

c. Benefit Period: ☐ 10 years ☐ To Age 65 ☐ To Age 67d. Waiting Period: ☐ 180 days ☐ 365 days

4. Amount of Contribution: _____

Frequency: ☐ Annual ☐ Monthly

Employer amount: _____

Employee amount: _____

5. Options (*Select all that apply*):☐ Maximum Benefit Period Endorsement (*Available at time of New Business with Radius Choice base only. Endorsement cannot be added or removed once the Policy has been put in force.*)☐ RetireGuard Cost of Living Option (COLA)☐ RetireGuard Future Insurability Option (FIO) **If selected:**

Amount: _____

Option month (*If different from Anniversary*): _____

6. Recipient of Benefits Assignment:

Full legal name (*First, MI, Last, Suffix*): _____

Taxpayer Identification Number (SSN/ITIN): _____

Complete for Age 65 Plus (*2 Year Benefit Period Only*)7. Monthly Benefit: \$ _____ Waiting Period: ☐ 60 days ☐ 90 days ☐ 180 days**Additional Products**☐ Business Overhead Expense – **Complete Business Overhead Expense Supplement**☐ Buy/Sell – **Complete Buy/Sell Supplement****I** Disability Income Employment Information ::::::::::::::::::::::::::::::::::1. What percent of the Proposed Insured's duties include physical activity such as climbing, crouching, lifting, etc? 0%2. State Proposed Insured works in: MI3. How long has the Proposed Insured been employed with his or her current employer? 4 years**If less than 2 years, complete questions 3a-3b.**

a. Previous occupation: _____ b. Duration: _____ years

4. How many hours per week, on average, does the Proposed Insured work in his or her occupation? 405. For the last 90 days, have you been continuously at work for your usual and customary manner, performing all of the duties of your occupation without limitation due to injury or sickness? ☐ Yes ☒ No**If Yes, skip to section J – Disability Income Payment Information. If No, complete questions 5a-5b.**

a. How many full or partial days during the specified period above has the Proposed Insured missed work due to sickness or injury?

6b. Provide dates and details for any days of work missed, reduced work hours, or job restriction or modifications due to injury or sickness during the specified period above: 4/12-4/20/22 -- Had a positive COVID test and had to self quarantine until able to return to work

J Disability Income Payment Information ::1. Does the Proposed Insured's net worth exceed \$10,000,000? ☐ Yes ☒ No2. Proposed Insured's employment relationship (Select one): ☒ Employee (No Ownership Interest)**If an item from the group below is selected, complete questions 2a-2b.**☐ Sole Proprietor ☐ Partner in Partnership ☐ Shareholder in Sub "S" Corporation ☐ Owner of C-Corporation☐ Owner of Limited Liability Company (If selected, provide tax form filed: _____)

a. Percent of ownership: _____

b. Number of full time employees: _____

3. Premium Payor (Select all that apply):

☒ Proposed Insured(s) ☐ Proposed Owner(s) ☐ Employer/Corporation (Premium included in W-2? ☐ Yes ☐ No) ☐ Other**If Proposed Owner(s) or Other is selected above, complete questions 3a-3c.**

a. Full legal name (First, MI, Last, Suffix): _____

b. Taxpayer Identification Number (SSN/ITIN): _____

c. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code): _____

If Proposed Insured(s) and Employer/Corporation are selected above, complete questions 3d-3e.

d. Percentage of split: Employer/Corporation: _____ Proposed Insured: _____

e. Payor's Social Security or Taxpayer Identification Number (If other than Owner or Proposed Insured): _____

4. Billing type (Select one): ☒ Pre-Authorized Check (PAC; **if selected, use applicable PAC form**) ☐ Individual Direct Bill☐ Group Bill with Invoice/Franchise number (**Must be provided at the time of business submission**): _____5. Frequency (Select one): ☒ Monthly (PAC/Group only) ☐ Quarterly (PAC only) ☐ Semi-annual ☐ Annual*If annual premiums are paid by installments, an additional charge will apply.*6. Is initial premium being submitted with this Application? ☐ Yes ☒ No **If Yes, use Temporary Individual Disability Insurance Agreement**7. Policy dating (Select one): ☐ Date of Issue (New Business only) ☐ Save age (Premium will be due from Coverage Date)☐ Monthly Anniversary (Right to Applies only) ☒ Specific date (Up to the 28th of each month): 08/15/20228. Premium structure (Radius/Radius Choice only; select one): ☐ Level ☒ Graded (Only available on issue ages 18-35)**K Disability Income Other Coverage Information ::**1. Does the Proposed Insured currently have disability income insurance in force? ☐ Yes ☒ No*If Yes, complete the following chart. If disability insurance being applied for is replacing this coverage, indicate response by selecting the appropriate box under Being Replaced below and provide effective replacement date.*

Company	Type*	Issue Year	Monthly Benefit Amount	Benefit Period	Waiting Period	Employer Pay?	Being Replaced?	Replacement Date
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Type of plan: Individual (I), Group (G) or Association (A)

2. Is additional contributory group disability income coverage available through the Proposed Insured's employer?

If Yes, provide details in section L – Additional Information ☐ Yes ☒ No3. Will the Proposed Insured become eligible to participate within the next 12 months? **If Yes, provide details in section L** ... ☐ Yes ☒ No

Charges may accrue before insurance takes effect. If a disability insurance policy is issued, insurance coverage will begin as defined in the Disability Income Insurance Coverage section. Policy charges

will begin on the Policy Date, which is defined in the Policy. The Policy Date may occur before insurance under the Policy takes effect. If so, you will be charged premiums during the period in which no insurance was in force. To reduce the likelihood of paying such premiums, the Policy Owner may purchase a TIDIA, if eligible, or ask the Company to issue the Policy with a future Policy Date. Requesting a specific Policy Date may cause the Proposed Insured's age for insurance purposes to change and the cost of insurance rates to increase. If you have questions about Policy charges or Policy dating, ask your producer.

Acknowledgment of Receipt of the Company Notices and Disclosures. The Proposed Owner (and Proposed Insured, if different) hereby acknowledges that in connection with this Application, the Company's notices about MIB Group, Inc. (formerly known as the Medical Information Bureau), the Company's privacy practices and premium payment information have been provided to and received by the Proposed Owner (and Proposed Insured, if different).

Authorization of Proposed Insured to Obtain and Disclose Information. I authorize the Company to review this Application and the information contained therein and to collect and review such other information as it deems necessary, including such medical and non-medical information as the Company may request. I hereby authorize certain parties that have records or knowledge of me and/or my health to make such information available to the Company, its reinsurers, its affiliated insurance companies, its agents, employees, and representatives. These parties shall include any licensed physician, medical practitioner, hospital, clinic, or other medical or medically-related facility, the MIB, pharmacy data search companies, Department of Motor Vehicles, consumer reporting agency, current or former employer, insurance company, and other organizations having information relevant to the issuance or administration of this policy. I further authorize the Company to obtain and conduct a personal history information interview and/or a written inspection in connection with this Application and authorize the Company to obtain an investigative report regarding information about my character, general reputation, personal characteristics and mode of living. I understand that any and all such information obtained by the Company through such interviews, inspections, or reports may be made available to the Company's agents, employees and representatives for determining eligibility for insurance, reinsurance, reinstatement requests, or changes in benefits. I further understand that I may obtain information about the nature and

scope of that investigative report from the Company. I also authorize the Company, or its reinsurers, to disclose personal health information about me to the MIB in the form of a brief coded report for participation in MIB's fraud prevention and detection programs. This authorization shall be valid for 24 months from the date of my signature on this Application which complies with the time limit, if any, permitted by applicable law in the state where a policy would be delivered or issued for delivery. All documents and information submitted to, or acquired by, the Company become property of the Company. A photocopy facsimile or electronic copy of this authorization may be relied upon as if it were an original.

Disability Income MaxElect only – Authorization of Proposed Insured for Payroll Deduction and Benefit Increases. I acknowledge that if payroll deduction is applicable to me, my employer is acting on my behalf when remitting premiums. I authorize MassMutual to contact my employer named in my application periodically to determine if my compensation qualifies me for additional benefits.

Life only – Term Dividend Options. The choices are: Dividend Accumulations/PD (default), Cash, Reduce Premiums – balance to PD.

N Agreements & Signatures *continued***Sales Illustration Certification** (Complete for all Life products except Term, Universal Life Guard & Variable Life)

1. I, the undersigned, acknowledge that a hard copy of a sales illustration matching the Policy as issued must be provided no later than delivery of the Policy. Select one for each applicable policy being applied for confirming how, or if, an illustration was used in the sale of this Policy(ies). If more than 3 policies are being applied for, submit additional Sales Illustration Certification forms for each.

	Primary	Add	Alt
The sales illustration <u>conforms</u> to the Policy as applied for. If so, it must be signed and submitted with this Application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No illustration was used in the sale of this life insurance Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sales illustration used for the Proposed Insured <u>does not conform</u> to the Policy as applied for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sales illustration for the Proposed Insured was shown on a computer screen. The illustration conforms to the Policy as applied for, however, no hard copy was furnished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer Identification (Complete for Life only)

If the Proposed Insured will be the Proposed Owner, the Proposed Insured must complete this Taxpayer Identification section. If the Proposed Insured will not be the Proposed Owner, do not complete this section.

2. By my signature, I, the Proposed Insured/Owner, certify under penalties of perjury, that:
- a. The number shown in Section A (question 5) is my correct Taxpayer Identification Number: ☐ Yes ☐ No
 - b. I am NOT subject to backup withholding: ☐ Yes ☐ No
 - c. I am a U.S. person (including a U.S. resident alien): ☐ Yes ☐ No
 - d. The FATCA exemption code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct Not Applicable
- Note: While the Company is required by the IRS to include this certification, FATCA does not apply to a U.S. account owned by a U.S. person, so the Company has not included the ability to enter an exemption code. If the Proposed Insured/Owner has indicated that he/she is not a U.S. person, any applicable FATCA information will be captured on the W-8 form.*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures (Required for all cases)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I, the undersigned, have read the Application including all supplements and all statements and answers, and affirm that these statements and answers are true, complete, and correctly recorded to the best of my knowledge and belief. I hereby adopt all statements made in the Application and agree to be bound by them.

eSigned by Laura Hagerty

Signature of Proposed Insured (If actual age under 16, signature of parent): _____
 Printed name: Laura Hagerty Date: 07/13/2022 20:25:09 GMT
 City/State where application is being signed (If Proposed Insured is Owner): Detroit, MI

Signature of Owner: _____
 Printed name: _____ Date: _____
 Title (If applicable): _____ ☐ Sole Officer*
 Printed name of Corporation/Partnership/Trust (If applicable): _____
 City/State where application is being signed: _____

Signature of Producer: *eSigned by LUKE FEHRS*
 Printed name: LUKE FEHRS Date: 07/13/2022 20:33:21 GMT

*If the Sole Officer box is selected and the Proposed Insured is the only officer, a signed letter on company stationery to that effect or the Proposed Insured's signature with the corporate seal affixed is required.



Use this form when applying for the Student Loan Rider with Disability Income Radius Choice.

A Identifying Information:

Complete this section for the Proposed Insured.

1. Full legal name (*First, MI, Last, Suffix*): Laura Hagerty
2. Date of birth (*mm/dd/yyyy*): [REDACTED] 1993

[illegible]

1. Maximum Monthly Benefit: \$2,500
2. Waiting Period (Select one): ☒ 90 days ☐ 180 days
3. Coverage Term (Select one): ☐ 10 years ☒ 15 years

C Student Loan Information

Complete this section with regards to the Proposed Insured's student loan obligations.

1. Is your student loan(s) a legally binding loan agreement(s) that includes the term of your financial obligation and establishes your personal responsibility for loan repayment over a fixed period of time? ☒ Yes ☐ No
2. Is your student loan(s) a legally binding loan agreement(s) that is signed by you as a borrower? ☒ Yes ☐ No
3. Was your student loan(s) established solely for the purpose of paying education-related expenses while attending a degree-granting institution? ☒ Yes ☐ No
4. Was your student loan(s) secured from a chartered bank, lending institution and/or government program, or their lawful successor(s) or assigns? ☒ Yes ☐ No
5. Is your student loan commingled with obligations which are separate and distinct from your obligation to pay education-related expenses? ☐ Yes ☒ No

D Agreements & Signatures ::

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I, the undersigned, have read the Supplement and all statements and answers as they pertain to me, and affirm that these statements and answers are true, complete and correctly recorded to the best of my knowledge and belief. I understand that this Supplement is to be made part of my Application and will be subject in all respects to the Agreements and Disclosures contained in the Application. I hereby adopt all statements made in the Application and agree to be bound by them.

Signature of Proposed Insured/Owner: eSigned by Laura Hagerty

Printed name: Laura Hagerty Date: 07/13/2022 20:25:09 GMT

City/State where application is being signed: Detroit, MI

Signature of Soliciting Producer: eSigned by LUKE FEHRS
 Printed name: LUKE FEHRS Date: 07/13/2022 20:33:21 GMT





The Insurer identified below will be referred to herein as the “Company”:

Unless subsidiary designated below:

- ☐ **MML Bay State Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981
- ☐ **C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981

A

Personal Information ::::::::::::::::::::

- ## B Personal History Information ::

- | Relative | Diagnosis – Include Age of Onset | Age if Living | Age at Death | Cause of Death |
|----------|----------------------------------|---------------|--------------|----------------|
| Father | | 68 | | |
| Mother | | 59 | | |
| Sister | | 26 | | |
| | | | | |
| | | | | |

b. Cancer, heart disease, diabetes or vascular disease? ☐ Yes ☒ No

c. Polycystic Kidney Disease, Huntington's Disease, Marfan Syndrome, Lynch Syndrome or Cardiomyopathy (heart muscle disease)? ☐ Yes ☒ No

B Personal History Information *continued*

2. In the last 10 years, have you been diagnosed or treated for Human Immunodeficiency Virus (HIV) infection or Acquired Immune Deficiency Syndrome (AIDS) by a licensed member of the medical profession? ☐ Yes ☒ No
3. Have you used tobacco or nicotine containing products except cigars (e.g. cigarettes, e-cigarettes/vape, pipes, snuff, chewing tobacco or nicotine delivery device such as gum or the patch):
- a. Within the last 12 months? ☐ Yes ☒ No
- b. Within the last 24 months? ☐ Yes ☒ No
4. Have you used cigars within the last 24 months? ☐ Yes ☒ No
- If Yes, provide number of cigars per year: _____
5. Have you used a prescription medication to assist with smoking cessation or as a substitute for smoking (e.g. Chantix, Wellbutrin, etc.) within the last 12 months? ☐ Yes ☒ No
6. In the last 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder noted below:
- a. Chest pain, heart attack, high blood pressure, heart murmur, palpitations or any other disorder of the heart, arteries or veins? ☐ Yes ☒ No
- b. Any malignant tumor or cancer such as skin cancer, leukemia and/or lymphoma? ☐ Yes ☒ No
- c. A disorder of the blood, spleen or immune system such as anemia, blood clots, bleeding, or immune deficiency? ☐ Yes ☒ No
- d. A disorder of the brain, spinal cord or nervous system such as seizures, tremors, paralysis, dizziness, fainting, headaches, brain tumor, brain aneurysm or bleeding, arteriovenous malformation (AVM), stroke, transient ischemic attack (TIA), multiple sclerosis (MS), autism spectrum disorder, cerebral palsy or Down syndrome? ☐ Yes ☒ No
- e. Anxiety, panic disorder, situational stress (e.g. fear of flying, grief reaction, premenstrual dysphoric disorder (PMDD), performance anxiety), depression, suicide thoughts or attempts, eating disorder, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, bipolar disorder, psychosis, attention deficit hyperactivity disorder (ADHD) or other emotional disorder? ☒ Yes ☐ No
- f. A disorder of the eyes, ears, nose, throat or sinuses such as any partial or complete loss of hearing, vision, speech, acoustic neuroma and optic neuritis? ☐ Yes ☒ No
- g. Asthma, allergies, sarcoidosis, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), pneumonia, sleep apnea, tuberculosis or any other disorder of the respiratory system? ☐ Yes ☒ No
- h. A disorder of the digestive system, liver, pancreas or gall bladder such as hepatitis, ulcers, intestinal bleeding or polyps, colitis, Crohn's disease (ileitis), diverticulitis or weight loss surgery? ☐ Yes ☒ No
- i. A disorder or impairment of the muscles, bones, joints, nerves, spine, neck or back such as arthritis, gout, sciatica or amputations? ☐ Yes ☒ No
- j. Epstein-Barr virus, Lyme disease, chronic fatigue syndrome, fibromyalgia, lupus, ankylosing spondylitis or other rheumatologic disorder? ☐ Yes ☒ No
- k. Diabetes or a disorder of the thyroid, pituitary or adrenal glands? ☐ Yes ☒ No
- l. A disorder of the kidneys, bladder, prostate or urinary tract or findings of sugar, protein or blood in the urine? ☐ Yes ☒ No
- m. A disorder of the skin such as eczema or psoriasis? ☐ Yes ☒ No
- n. A disorder of the uterus, cervix, ovaries or breasts? ☐ Yes ☒ No
- o. Multiple miscarriages, complicated pregnancy or infertility evaluation? ☐ Yes ☒ No
7. In the last 10 years, have you:
- a. Used cocaine, barbiturates, amphetamines, heroin, narcotics, stimulants, hallucinogens or other controlled substances not prescribed by a physician? ☐ Yes ☒ No
- b. Received medical treatment, attended a program or been counseled for alcohol or drug abuse or been advised by a member of the medical profession to reduce the use of alcohol? ☐ Yes ☒ No
8. In the last 5 years, have you:
- a. Had an application for life, disability, long term care or health insurance declined, postponed, rated or restricted? ☐ Yes ☒ No
- b. Had a sickness or injury for which a disability claim was made or payments, benefits or pension benefits were received? ☐ Yes ☒ No

B Personal History Information *continued*

9. In the last 3 years, have you:

- a. Had a physical exam, check-up or evaluation by a member of the medical profession regarding a condition not previously stated on this Application? ☐ Yes ☒ No
- b. Been advised by a licensed member of the medical profession to have surgery, medical treatment or diagnostic testing, excluding HIV testing, which has not been completed? ☐ Yes ☒ No
- c. Had a medical professional perform surgery or place you overnight in a hospital, clinic or other medical or mental health facility as a patient for a condition not previously stated on this Application? ☐ Yes ☒ No

10. Are you currently:

- a. Under treatment by a member of the medical profession for anything not previously stated on this Application? ☐ Yes ☒ No
- b. Being prescribed any medication by a member of the medical profession for anything not previously stated on this Application? ☒ Yes ☐ No
- c. Taking any herbal or non-prescription medication at least weekly? ☐ Yes ☒ No
- d. Pregnant? ☐ Yes ☒ No

C Additional Information

Details. Indicate section letter and question number.

B6e

Depression Yes

- Are you currently under the care of a member of the medical profession receiving treatment: Medication and Counseling
- Please provide details: Taking escitalopram daily for depression, seeing a counselor biweekly for therapy
- Physician Information: Dr. Ghadi Ghorayeb
- Date of treatment and/or counseling session: 07-2022

B10b

Other Yes

- Please provide details: Taking spironolactone daily for acne, topical retinoid cream as needed for acne
- Physician Information: Dr. Lauren Law

C Additional Information *continued*

Details. Indicate section letter and question number.

C Additional Information *continued*

Details. Indicate section letter and question number.

D Agreements & Signatures

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I, the undersigned, have read the application including all supplements and all statements and answers ("Application"), and affirm that these statements and answers are true, complete, and correctly recorded to the best of my knowledge and belief. I hereby adopt all statements made in the Application and agree to be bound by them. The Application will be attached to and made part of the Policy.

I understand and acknowledge that all policy documents, including this Application, will be in English. I further acknowledge that I read and understand English, and I completed the answers without the assistance of a translator.

Signature of Proposed Insured: 
 Printed name: Laura Hagerty 16983BA21B96428...
 City/State where Application is being signed: Woodhaven MI
 Date: 8/10/2022 | 10:05 AM EDT



**Massachusetts Mutual
Life Insurance Company**

Home Office:
1295 State Street
Springfield, Massachusetts 01111-0001

Disability Income Insurance Policy

Notice Of Annual Meeting

The Insured is hereby notified that by virtue of this policy he or she is a member of Massachusetts Mutual Life Insurance Company and is entitled to vote either in person or by proxy at any and all meetings of said Company. The annual meetings are held at its Home Office, in Springfield, Massachusetts, on the second Wednesday in April of each year at 2 o'clock p.m.